

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016001

**Entity Name:** 2041 SW JUDITH LANE LLC

**Current Principal Place of Business:**

511 SW PT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

511 SW PT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34986 US

**FEI Number:** 26-4271143

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GROZA, JOHN A  
1417 SW OSPREY COVE  
PORT SAINT LUCIE, FL 34986 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GROZA, JOHN A  
Address 1417 SW OSPREY COVE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title MGRM  
Name GROZA, PATRICIA A  
Address 1417 SW OSPREY COVE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title MGR  
Name GROZA, JOHN A  
Address 2062 SW HAMPSHIRE LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title MGR  
Name SZARY, NICOLIA C  
Address 1326 SW BRIARWOOD DR  
City-State-Zip: PORT ST. LUCIE FL 34986

Title MGR  
Name LYONS, ANGELIQUE C  
Address 1306 SW MAPLEWOOD DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34986

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA A GROZA

MGM

04/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date