

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046913

**Entity Name:** PATRICIA MICHELLE SCHLEFSKY LLC

**Current Principal Place of Business:**

1947 TAMARA TRAIL  
VERO BEACH, FL 32966

**Current Mailing Address:**

1947 TAMARA TRAIL  
VERO BEACH, FL 32966

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SCHLEFSKY, PATRICIA M  
1947 TAMARA TRAIL  
VERO BEACH, FL 32966 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 MGR  
Name SCHLEFSKY, PATRICIA M  
Address 1947 TAMARA TRAIL  
City-State-Zip: VERO BEACH FL 32966

*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 MICHELLE SCHLEFSKY

MGR

03/10/2015

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

\_\_\_\_\_ Date