

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000115989

Entity Name: ST. ALBERT, L.L.C.

Current Principal Place of Business:

7760 THOMPSON NURSERY ROAD
WINTER HAVEN, FL 33884

Current Mailing Address:

7760 THOMPSON NURSERY ROAD
WINTER HAVEN, FL 33884

FEI Number: 27-1517146

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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 OAKLEY, LAUREN
Address 250 AVENUE K SOUTHWEST SUITE
100
City-State-Zip: WINTER HAVEN FL 33880

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: LAUREN OAKLEY

MGR

01/28/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date