

**2014 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

04/10/2014

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

\_\_\_\_\_ Date