

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122804

**Entity Name:** 5555 VENTURES OF FL LLC

**Current Principal Place of Business:**

400 FLAGSHIP DR  
UNIT 1002  
NAPLES, FL 34108

**FILED**  
**Feb 03, 2015**  
**Secretary of State**  
**CC3611291101**

**Current Mailing Address:**

400 FLAGSHIP DR  
UNIT 1002  
NAPLES, FL 34108 US

**FEI Number:** 36-4425426

**Certificate of Status Desired:** No

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

LANSU, BRIAN F  
400 FLAGSHIP DR  
UNIT 1002  
NAPLES, FL 34108 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 5555 VENTURES LLC  
Address 4226 LAWNSDALE AVE  
City-State-Zip: LYONS IL 60534

Title MGR  
Name HAWORTH, WILLIAM E  
Address 4226 LAWNSDALE AVE  
City-State-Zip: LYONS IL 60534

*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:** WILLIAM E HAWORTH

**MGR**

**02/03/2015**

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

\_\_\_\_\_  
Date