

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000012260

Entity Name: CHARLENE H. RUDE LMT, LLC

Current Principal Place of Business:

14140 8TH STREET
DADE CITY, FL 33525

Current Mailing Address:

34648 DOGWOOD DRIVE
RIDGE MANOR, FL 33523

FEI Number: 27-1812883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUDE, CHARLENE H
34648 DOGWOOD DRIVE
RIDGE MANOR, FL 33523 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 RUDE, CHARLENE H
Address 34648 DOGWOOD DRIVE
City-State-Zip: RIDGE MANOR FL 33523

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: CHARLENE H RUDE

MANAGER

01/14/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date