

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049143

**Entity Name:** 915 SLR, LLC

**Current Principal Place of Business:**

915 SAND LAKE ROAD  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

6906 FOREST CITY ROAD  
ORLANDO, FL 32810 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COHEN, DAVID SESQUIRE  
5728 MAJOR BLVD.  
SUITE 550  
ORLANDO, FL 32819 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 ABIDE, ELLIS  
Address 6906 FOREST CITY ROAD  
City-State-Zip: ORLANDO FL 32810

*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:** ELLIS ABIDE \_\_\_\_\_

MANAGER

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date