

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050570

Entity Name: TROLL PROPERTIES, LLC**Current Principal Place of Business:**525 SO. MAGNOLIA AVE
ORLANDO, FL 32801**Current Mailing Address:**525 SO. MAGNOLIA AVE
ORLANDO, FL 32801**FEI Number:** 27-2558747**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SNOW, STEPHEN PM.D.
525 SO. MAGNOLIA AVE
ORLANDO, FL 32801 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 SNOW, STEPHEN PM.D.
Address 4070 SCARLET IRIS PLACE
City-State-Zip: WINTER PARK FL 32792

Title MGRM
Name SNOW, KIMBERLY B
Address 4070 SCARLET IRIS PLACE
City-State-Zip: WINTER PARK FL 32792

Title MGRM
Name THATCHER-LEMONIE, PARMELEE M.D.
Address 6135 MATCHETTE ROAD
City-State-Zip: ORLANDO FL 32809

Title MGRM
Name LEMONIE, JASON EM.D.
Address 6135 MATCHETTE ROAD
City-State-Zip: ORLANDO FL 32809

Title MGRM
Name FRITZ-CHONG, EMMA M.D.
Address 911 POINCIANA LANE
City-State-Zip: WINTER PARK FL 32789

Title MGRM
Name CHONG, ROBERT HM.D.
Address 911 POINCIANA LANE
City-State-Zip: WINTER PARK FL 32789

Title MGRM
Name SCOTT, WILLIAM
Address 1919 HOFFNER AVE
City-State-Zip: ORLANDO FL 32809

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: STEPHEN SNOW, MD

MGRM

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date