

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058327

**Entity Name:** L. SPA556, LLC

**Current Principal Place of Business:**

556 S PINEAPPLE AVE  
SARASOTA, FL 34236

**Current Mailing Address:**

556 S PINEAPPLE AVE  
SARASOTA, FL 34236

**FEI Number:** 27-2693725

**Certificate of Status Desired:** No

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

SWOR, LEEANNE  
556 S PINEAPPLE AVE  
SARASOTA,, FL 34236 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 SWOR, LEEANNE  
Address 556 S PINEAPPLE AVE  
City-State-Zip: SARASOTA, FL 34236

*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:** LEEANNE SWOR

**PRINCIPAL**

**01/12/2015**

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

\_\_\_\_\_  
Date