

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079385

**Entity Name:** 15416 HENNIPEN CIRCLE, LLC

**Current Principal Place of Business:**

15416 HENNIPEN CIR  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

15416 HENNIPEN CIR  
PORT CHARLOTTE, FL 33981

**FEI Number:** 32-0321582

**Certificate of Status Desired:** No

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

RELMONENQ, ADRIEN  
15416 HENNIPEN CIR  
PORT CHARLOTTE, FL 33981 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 REIMONENQ, HUGO A  
Address 15416 HENNIPEN CIR  
City-State-Zip: PORT CHARLOTTE FL 33981

Title MGR  
Name REIMONENQ, HELOISE A  
Address 15416 HENNIPEN CIR  
City-State-Zip: PORT CHARLOTTE FL 33981

Title MGR  
Name REIMONENQ, LUCILE L  
Address 15416 HENNIPEN CIR  
City-State-Zip: PORT CHARLOTTE FL 33981

Title MGR  
Name BAIGET-REIMONENQ, CLAUDINE  
Address 15416 HENNIPEN CIR  
City-State-Zip: PORT CHARLOTTE FL 33981

Title MGR  
Name REIMONENQ, ADRIEN  
Address 15416 HENNIPEN CIR  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** MANAGER ADRIEN REIMONENQ

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04/04/2016

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

\_\_\_\_\_  
Date