

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117773

Entity Name: WIDOWS SONS OF FLORIDA MASONIC RIDERS ASSOCIATION, LLC

**FILED
Apr 01, 2014
Secretary of State
CC5609278001**

Current Principal Place of Business:

189 NORFOLK AVENUE NW
PORT CHARLOTTE, FL 33952

Current Mailing Address:

189 NORFOLK AVENUE NW
PORT CHARLOTTE, FL 33952 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GLOVER, PATRICK O
189 NORFOLK AVENUE NW
PORT CHARLOTTE, FL 33952 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, PRESIDENT	Title	MGR, SECRETARY
Name	GLOVER, PATRICK O	Name	MARCHETTI, LOU
Address	189 NORFOLK AVE	Address	9397 MIDNIGHT PASS ROAD #202
City-State-Zip:	PORT CHARLOTTE FL 33952	City-State-Zip:	SIESTA KEY FL 34242
Title	MGR, TREASURER	Title	MGRM, VP
Name	HARRISON, CHRIS	Name	NIELSEN, ROBERT
Address	8444 DELONG AVENUE	Address	2222 HAMBURG LANE
City-State-Zip:	NORTH PORT FL 34291	City-State-Zip:	PUNTA GORDA FL 33983

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: PATRICK O. GLOVER

PRESIDENT

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date