

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000024076

**FILED  
Mar 06, 2018  
Secretary of State  
CC4860132514**

**Entity Name:** GRANDVIEW MANOR DB LLC

**Current Principal Place of Business:**

127 WEST FAIRBANKS AVE., #168  
WINTER PARK, FL 32789

**Current Mailing Address:**

127 WEST FAIRBANKS AVE., #168  
WINTER PARK, FL 32789

**FEI Number:** 27-5158021

**Certificate of Status Desired:** No

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

OCONNOR, DONNA  
127 W. FAIRBANKS #168  
WINTER PARK, FL 32789 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	Title	S
Name	FORD, JAMES	Name	FORD, JAMES
Address	127 WEST FAIRBANKS AVE., #168	Address	127 WEST FAIRBANKS AVE., #168
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

Title            AUTHORIZED MEMBER  
Name            OCONNOR, DONNA  
Address        127 WEST FAIRBANKS AVE., #168  
City-State-Zip: WINTER PARK FL 32789

*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:** DONNA OCONNOR

**MANAGER**

**03/06/2018**

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

\_\_\_\_\_  
Date