

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000047035

Entity Name: LAUREL VUE, L.L.C.

Current Principal Place of Business:

4819 CHASTAIN DR
MELBOURNE, FL 32940

Current Mailing Address:

4819 CHASTAIN DR
MELBOURNE, FL 32940

FEI Number: 45-2878818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCMANUS, SHAWN
1130 SW 5TH AVE., APT. 101B
GAINESVILLE, FL 32601 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 MCMANUS, SHAWN
Address 4819 CHASTAIN DR
City-State-Zip: MELBOURNE FL 32940

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: SHAWN MCMANUS

MGRM

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date