## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132289

Entity Name: 5007 LENOIR AVENUE, LLC

**Current Principal Place of Business:** 

5007 LENOIR AVENUE JACKSONVILLE. FL 32216

**Current Mailing Address:** 

PO BOX 50278

JACKSONVILLE BEACH. FL 32250 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDROS, GARY C 5007 LENOIR AVENUE JACKSONVILLE, FL 32216 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: GARY C LINDROS 02/01/2013

Electronic Signature of Registered Agent

Date

FILED Feb 01, 2013

**Secretary of State** 

CC3077537828

## Authorized Person(s) Detail:

Title MGRM

Name LINDROS, GARY C
Address 5007 LENOIR AVENUE
City-State-Zip: JACKSONVILLE FL 32216

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY C. LINDROS SR MGF

Electronic Signature of Signing Authorized Person(s) Detail

MGRM 02/01/2013

Date