

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000010058

**Entity Name:** 15653 PARETE LLC

**Current Principal Place of Business:**

1302 MCGIRTS CREEK DRIVE EAST  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

1302 MCGIRTS CREEK DRIVE EAST  
JACKSONVILLE, FL 32221

**FEI Number:** 45-4347590

**Certificate of Status Desired:** No

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

CHAPPELEAR, HANK E  
1302 MCGIRTS CREEK DRIVE EAST  
JACKSONVILLE, FL 32221 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 CHAPPELEAR, HANK E  
Address 1302 MCGIRTS CREEK DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32221

Title MGR  
Name CHAPPELEAR, TERRY A  
Address 10777 ILLINOIS AVENUE  
City-State-Zip: JACKSONVILLE FL 32219

*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:** HANK CHAPPELEAR

04/12/2017

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

\_\_\_\_\_  
Date