

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000029164

**Entity Name:** LYMPH LOGIC, LLC

**Current Principal Place of Business:**

3365 ERIE STREET  
COCOA, FL 32926

**Current Mailing Address:**

3365 ERIE STREET  
COCOA, FL 32926 US

**FEI Number:** 45-4843964

**Certificate of Status Desired:** No

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

ALLEN, SUSAN  
3365 ERIE STREET  
COCOA, FL 32926 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 ALLEN, SUSAN  
Address 3365 ERIE STREET  
City-State-Zip: COCOA FL 32926

*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:** SUSAN STRUCKHOFF ALLEN

**MANAGER/OWNER**

**01/29/2015**

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

\_\_\_\_\_  
Date