

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000087660

**Entity Name:** 234 BOB MCCASKILL DRIVE, LLC

**Current Principal Place of Business:**

1414 OTTER POND ROAD  
WESTVILLE, FL 32464

**Current Mailing Address:**

1414 OTTER POND ROAD  
WESTVILLE, FL 32464

**FEI Number:** 46-2442310

**Certificate of Status Desired:** Yes

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

BOONE, LAUSHON P  
1414 OTTER POND ROAD  
WESTVILLE, FL 32464 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	MANAGING MEMBER	Title	MANAGING MEMBER
Name	BOONE FAMILY TRUST	Name	BOONE FAMILY TRUST
Address	1414 OTTER POND ROAD	Address	1414 OTTER POND ROAD
City-State-Zip:	WESTVILLE FL 32464	City-State-Zip:	WESTVILLE FL 32464

*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:** MILLIE E. BOONE

**OWNER**

**06/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date