

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136590

**Entity Name:** 16373 BOYCE DR. #104 LLC

**Current Principal Place of Business:**

5147 ANCHORAGE DRIVE  
ST JAMES CITY, FL 33956

**Current Mailing Address:**

5147 ANCHORAGE DRIVE  
ST JAMES CITY, FL 33956 US

**FEI Number:** 46-1275481

**Certificate of Status Desired:** No

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

FAULKNER, BRIAN  
5147 ANCHORAGE DRIVE  
ST JAMES CITY, FL 33956 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	Title	MGRM
Name	FAULKNER, BRIAN	Name	FAULKNER, MICHAEL
Address	5147 ANCHORAGE DRIVE	Address	16232 BOWLINE STREET
City-State-Zip:	ST JAMES CITY FL 33956	City-State-Zip:	BOKEELIA FL 33922

*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:** BRIAN FAULKNER

**MGRM**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date