

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000155473

Entity Name: NELSON ACRES AND ECKHART ESTATES, LLC

Current Principal Place of Business:

250 COREY AVE.
STE. 6084
ST. PETE BEACH, FL 33736

Current Mailing Address:

P. O. BOX 66084
ST. PETE BEACH, FL 33736

FEI Number: 46-1816278

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELCH, WILLIAM
817 59TH STREET SO
GULFPORT, FL, FL 33707 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 NELSON ACRES LIVING TRUST
Address POST OFFICE BOX 29685
City-State-Zip: BROOKLYN CENTER MN 55429

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: COLLEEN ECKHART

TRUSTEE

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date