

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000035038

Entity Name: LAVCO MD, LLC

Current Principal Place of Business:

3701 MUIR WOODS WAY
NAPLES, FL 34116

Current Mailing Address:

3701 MUIR WOODS WAY
NAPLES, FL 34116

FEI Number: 46-2432064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVALLEE, DOMINIQUE A
3701 MUIR WOODS WAY
NAPLES, FL 34116 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 LAVALLEE, DOMINIQUE A
Address 3701 MUIR WOODS WAY
City-State-Zip: NAPLES FL 34116

Title MGRM
Name LAVALLEE, MATTHEW G
Address 3701 MUIR WOODS WAY
City-State-Zip: NAPLES FL 34116

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: DOMINIQUE LAVALLEE

MGRM

04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date