

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000042594

**Entity Name:** DEVON R. ANDERSON LLC

**Current Principal Place of Business:**

12116 COUNTY RD.  
252  
MCALPIN, FL 32062

**Current Mailing Address:**

12116 COUNTY RD.  
252  
MCALPIN, FL 32062

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ANDERSON, CLYDE C  
12116 COUNTY RD  
252  
MCALPIN, FL 32062 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 MGR  
Name ANDERSON, DEVON R  
Address 12116 COUNTY RD #252  
City-State-Zip: MCALPIN FL 32062

*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:** DEVON ANDERSON

**PRES**

**03/22/2015**

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

\_\_\_\_\_  
Date