

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000044615

**Entity Name:** ALLIGATOR LANE LLC

**Current Principal Place of Business:**

13072 SAWGRASS PINE CIRCLE  
ORLANDO, FL 32824

**Current Mailing Address:**

13072 SAWGRASS PINE CIRCLE  
ORLANDO, FL 32824 US

**FEI Number:** 46-2433980

**Certificate of Status Desired:** No

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

CARROLL, AMANDA  
13072 SAWGRASS PINE CIRCLE  
ORLANDO, FL 32824 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 CARROLL, AMANDA  
Address 13072 SAWGRASS PINE CIRCLE  
City-State-Zip: ORLANDO FL 32824

*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:** AMANDA CARROLL

MGRM

04/25/2017

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

\_\_\_\_\_ Date