

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000064994

**Entity Name:** 6519 W NEWBERRY LLC

**Current Principal Place of Business:**

6519 W NEWBERRY ROAD  
APT. 1203  
GAINESVILLE, FL 32605

**Current Mailing Address:**

4720 MIMOSA PL  
UNIT 912  
COCONUT CREEK, FL 33073

**FEI Number:** 36-4760326

**Certificate of Status Desired:** No

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

BRYANT, JACOB A  
4720 MIMOSA PL  
UNIT 912  
COCONUT CREEK, FL 33073 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 BRYANT, JACOB A  
Address 4720 MIMOSA PL UNIT 912  
City-State-Zip: COCONUT CREEK FL 33073

Title MGRM  
Name BRYANT, LUANNE P  
Address 4720 MIMOSA PL UNIT 912  
City-State-Zip: COCONUT CREEK FL 33073

*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:** JACOB A. BRYANT

MGRM

05/31/2014

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

\_\_\_\_\_  
Date