

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070456

**Entity Name:** ECKOTEN, LLC

**Current Principal Place of Business:**

894 CLEARVIEW AVENUE  
LAKELAND, FL 33801

**Current Mailing Address:**

894 CLEARVIEW AVENUE  
LAKELAND, FL 33801

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CLARK, JON A  
894 CLEARVIEW AVENUE  
LAKELAND, FL 33801 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 CLARK, JON A  
Address 894 CLEARVIEW AVENUE  
City-State-Zip: LAKELAND FL 33801

Title MGRM  
Name CLARK, COLISSA L  
Address 8835 PINE TREE DRIVE  
City-State-Zip: LAKELAND FL 33809

*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:** JON CLARK

MGRM

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date