

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000086922

**Entity Name:** SCHROEDER CO, LLC

**Current Principal Place of Business:**

C/O HOMERICH, LLC  
1565 N PARK DR. SUITE 100  
WESTON, FL 33326

**Current Mailing Address:**

C/O HOMERICH, LLC  
1565 N PARK DR. SUITE 100  
WESTON, FL 33326 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HOMERICH, LLC  
1565 N PARK DR. SUITE 100  
WESTON, FL 33326 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 SCHROEDER MARTINEZ ZORILLA,  
JOSEFINA  
Address AV CLUB DE GOLF NO. 99 DPTO. 8  
City-State-Zip: HUIXQUILUCAN, MEXICO

*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:** SCHROEDER MARTINEZ ZORILLA, JOSEFINA

**MANAGER**

**04/12/2016**

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

\_\_\_\_\_  
Date