

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000171209

**Entity Name:** WILLIAM P. ARNDT, PL

**Current Principal Place of Business:**

320 QUAIL FOREST BLVD  
418  
NAPLES, FL 34105

**Current Mailing Address:**

320 QUAIL FOREST BLVD  
418  
NAPLES, FL 34105

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARNDT, WILLIAM P  
320 QUAIL FOREST BLVD  
418  
NAPLES, FL 34105 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 ARNDT, WILLIAM P  
Address 320 QUAIL FOREST BLVD, SUITE 418  
City-State-Zip: NAPLES FL 34105

*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:** WILLIAM P. ARNDT

MGR

04/30/2014

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

\_\_\_\_\_  
Date