

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051820

**Entity Name:** 1 LESS WORRY LLC

**Current Principal Place of Business:**

720 LEE PLACE  
SEBRING, FL 33870

**Current Mailing Address:**

720 LEE PLACE  
SEBRING, FL 33870

**FEI Number:** 47-3213990

**Certificate of Status Desired:** No

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

LAFORCE, JOHN  
739 ACRE RD  
SEBRING, FL 33876 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 LAFORCE, JOHN  
Address 739 ACRE RD  
City-State-Zip: SEBRING FL 33876

Title MGR  
Name THOMPSON, J TRAVIS  
Address 720 LEE PLACE  
City-State-Zip: SEBRING FL 33870

Title MANAGER  
Name THOMPSON, KRISTA K  
Address 720 LEE PLACE  
City-State-Zip: SEBRING FL 33870

Title MANAGER  
Name LAFORCE, ERIN  
Address 739 ACRE RD  
City-State-Zip: SEBRING FL 33876

*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:** ERIN LAFORCE

MANAGER

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date