

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000067086

**Entity Name:** BL RICHARDSON & ASSOCIATE 1 LLC

**Current Principal Place of Business:**

13800 S. MAGNOLIA AVENUE  
OCALA, FL 34473

**Current Mailing Address:**

PO BOX 2978  
BELLEVIEW, FL 34421 US

**FEI Number:** 47-1024592

**Certificate of Status Desired:** No

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

RICHARDSON, BONNIE L  
13800 S. MAGNOLIA AVENUE  
OCALA, FL 34473 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           MANAGER/AUTHORIZED MEMBER  
Name           RICHARDSON, BONNIE L  
Address        13800 S. MAGNOLIA AVENUE  
City-State-Zip: Ocala FL 34473

*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:** BONNIE L. RICHARDSON

**MGR.**

**01/17/2017**

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

\_\_\_\_\_  
Date