## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000082056

Entity Name: CAROLIINE M. BEDDOW, FPR, LLC

**Current Principal Place of Business:** 

5601 RIVER OAKS DRIVE TITUSVILLE,, FL 32780

**Current Mailing Address:** 

5601 RIVER OAKS DRIVE TITUSVILLE,, FL 32780 US

FEI Number: 47-2261896 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEDDOW, CAROLINE M 5601 RIVER OAKS DRIVE TITUSVILLE, FL 32780 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: CAROLINE M BEDDOW 03/05/2018

Electronic Signature of Registered Agent

Date

FILED Mar 05, 2018

**Secretary of State** 

CC7498790392

Authorized Person(s) Detail :

Title AR Title AR

NameBEDDOW, CAROLINE MNameBEDDOW, CAROLINE MAddress5601 RIVER OAKS DRIVEAddress5601 RIVER OAKS DRIVECity-State-Zip:TITUSVILLE FL 32780City-State-Zip:TITUSVILLE FL 32780

Title AR Title AR

NameBEDDOW, CAROLINE MNameBEDDOW, CAROLINE MAddress5601 RIVER OAKS DRIVEAddress5601 RIVER OAKS DRIVECity-State-Zip:TITUSVILLE, FL 32780City-State-Zip:TITUSVILLE FL 32780

Title AR Title AR

NameBEDDOW, CAROLINE MNameBEDDOW, CAROLINE MAddress5601 RIVER OAKS DRIVEAddress5601 RIVER OAKS DRIVECity-State-Zip:TITUSVILLE FL 32780City-State-Zip:TITISVILLE FL 32780

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: CAROLINE M. BEDDOW

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

03/05/2018

Date