

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000138777

Entity Name: STEPHANIE MICKLE, ATTORNEY AT LAW, LLC

Current Principal Place of Business:

2153 SE HAWTHORNE ROAD
SUITE 209
GAINESVILLE, FL 32641

Current Mailing Address:

PO BOX 6201
GAINESVILLE, FL 32627 US

FEI Number: 47-1772936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICKLE, STEPHANIE
2153 SE HAWTHORNE ROAD
SUITE 209
GAINESVILLE, FL 32641 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 MICKLE, STEPHANIE
Address PO BOX 6201
City-State-Zip: GAINESVILLE FL 32627

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: STEPHANIE MICKLE

MGR

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date