

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000141440

**Entity Name:** 10280 W HWY 318 LLC

**Current Principal Place of Business:**

2515 SE 19TH CIR  
OCALA, FL 34471

**Current Mailing Address:**

2515 SE 19TH CIR  
OCALA, FL 34471 US

**FEI Number:** 47-1794629

**Certificate of Status Desired:** No

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

CLOTFELTER, DEANNA  
2515 SE 19TH CIR  
OCALA, FL 34471 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            AMBR  
Name            CLOTFELTER, DEANNA  
Address        2515 SE 19TH CIR  
City-State-Zip: Ocala FL 34471

*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:** DEANNA CLOTFELTER

AMBR

01/31/2019

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

\_\_\_\_\_ Date