

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000151322

**Entity Name:** 8767 ESPLANDE 37 LLC

**Current Principal Place of Business:**

69 IRONWOOD RD  
NEW HARTFORD, NU 13413

**Current Mailing Address:**

69 IRONWOOD RD  
NEW HARTFORD, NU 13413 US

**FEI Number:** 47-2075749

**Certificate of Status Desired:** Yes

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

WADE, JOHN W  
8767 ESPLANDE #37  
ORLANDO, FL 32836-8782 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 WADE, JOHN W  
Address 69 IRONWOOD RD  
City-State-Zip: NEW HARTFORD NU 13413

Title AMBR  
Name JOHN W. WADE TRUST THREE  
Address 69 IRONWOOD ROAD  
City-State-Zip: NEW HARTFORD NY 13413

*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:** JOHN W WADE

**MGR**

**04/01/2015**

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

\_\_\_\_\_  
Date