

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000032039

Entity Name: VOGEL - AUTUMN WOODS, LLC

Current Principal Place of Business:

4099 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103

Current Mailing Address:

4099 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOGEL, JAMES D
4099 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103 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 VOGEL, JAMES D
Address 4099 TAMIAMI TRAIL NORTH, SUITE
200
City-State-Zip: NAPLES FL 34103

Title AUTHORIZED MEMBER
Name VOGEL, JOEL
Address 6497 AUTUMN WOODS BLVD
City-State-Zip: NAPLES FL 34109

Title AUTHORIZED MEMBER
Name VOGEL, DONNA
Address 6497 AUTUMN WOODS BLVD
City-State-Zip: NAPLES FL 34109

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: JAMES VOGEL

MANAGER

10/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date