**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 12, 2018**
**Secretary of State**
**CC7445138155**

DOCUMENT# L15000055168

**Entity Name:** JAMES L DISHER LLC

**Current Principal Place of Business:**

449 HOFFER STREET
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

449 HOFFER STREET
PORT CHARLOTTE, FL 33953 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

DISHER, JAMES L
449 HOFFER STREET
PORT CHARLOTTE, FL 33953 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 | Title | MANAGER |
| Name | DISHER, JAMES L | Name | DISHER, SARA |
| Address | 449 HOFFER STREET | Address | 2087 COMO STREET<br>UNIT B |
| City-State-Zip: | PORT CHARLOTTE FL 33953 | City-State-Zip: | PORT CHARLOTTE FL 33948 |

*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 DISHER 04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date