

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000090201

**Entity Name:** 6690 S MILITARY TRAIL, LLC

**Current Principal Place of Business:**

9290 NICKELS BLVD.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

9290 NICKELS BLVD.  
BOYNTON BEACH, FL 33436 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COCHRANE & CO., PA  
2801 EXCHANGE CT.  
WEST PALM BEACH, FL 33409 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 T  
Name WINCHESTER, BILL R  
Address 9290 NICKELS BLVD  
City-State-Zip: BOYNTON BEACH FL 33436

Title AMBR  
Name THE BILL RAY WINCHESTER LIVING TRUST  
Address 9290 NICKELS BLVD.  
City-State-Zip: BOYNTON BEACH FL 33436

Title T  
Name WINCHESTER, ELSIE A  
Address 9290 NICKELS BLVD  
City-State-Zip: BOYNTON BEACH FL 33436

Title T  
Name ANDERSON, KATHRYN J  
Address 7645 THUNDERBIRD LANE  
City-State-Zip: COLORADO SPRINGS CO 80919

Title AMBR  
Name THE ELSIE A. WINCHESTER LIVING TRUST  
Address 9290 NICKELS BLVD  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** KATHRYN J. ANDERSON

TRUSTEE

03/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date