

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000108521

Entity Name: ROSS DYNASTY L.L.C.**Current Principal Place of Business:**4008 SAN COURT
LABELLE, FL 33935**Current Mailing Address:**PO BOX 621
LABELLE, FL 33935 US**FEI Number:** 47-4175301**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROSS, KIMBERLY R
931 VIRGINIA AVE.
CLEWISTON, FL 33440 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	REID, DEAN
Address	1508 BROADWAY STREET
City-State-Zip:	BLUE ISLAND IL 60406

Title	AMBR
Name	BROWN, RASHUNDA
Address	5071 WILD GOOSE CIRCLE
City-State-Zip:	LABELLE FL 33935

Title	AMBR
Name	NEALY, REGINA
Address	4306 SW 21ST LANE
City-State-Zip:	GAINESVILLE FL 32607

Title	COMPTROLLER
Name	ROSS, AUGUST
Address	4008 SAN COURT
City-State-Zip:	LABELLE FL 33935

Title	CEO
Name	ROSS, KIMBERLY
Address	PO BOX 1214
City-State-Zip:	CLEWISTON FL 33440

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: KIMBERLY ROSS**OWNER****04/12/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date