

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000109444

Entity Name: 3629 DEVONSHIER, LLC

Current Principal Place of Business:

2411 WOOD POINTE DR
KEY VISTA, HOLIDAY, FL 34691

Current Mailing Address:

2411 WOOD POINTE DR
KEY VISTA, HOLIDAY, FL 34691

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLOYD, THOMAS
2411 WOOD POINTE DR
KEY VISTA, HOLIDAY, FL 34691 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
Name 2411 WOOD POINTE, LLC
Address 2411 WOOD POINTE DR
City-State-Zip: KEY VISTA, HOLIDAY FL 34691

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: THOMAS LLOYD IV

MGR

01/08/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date