

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000132862

**Entity Name:** KATHLEEN A LAWLER, LLC

**Current Principal Place of Business:**

3335 KILMER DR  
LAKELAND, FL 33803-4209

**Current Mailing Address:**

3335 KILMER DR  
LAKELAND, FL 33803-4209 US

**FEI Number:** 47-4664516

**Certificate of Status Desired:** Yes

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

LAWLER, ROBERT G  
3335 KILMER DR  
LAKELAND, FL 33803-4209 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 LAWLER, KATHLEEN A  
Address 3335 KILMER DR  
City-State-Zip: LAKELAND FL 33803-4209

Title AMBR  
Name LAWLER, ROBERT G  
Address 3335 KILMER DR  
City-State-Zip: LAKELAND FL 33803-4209

*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:** KATHLEEN A LAWLER

**PRESIDENT**

**03/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date