

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000134417

**Entity Name:** ARBOR HAVEN MOBILE HOME COURT, LLC

**Current Principal Place of Business:**

13119 N. FLORIDA AVENUE  
SUITE #27  
TAMPA, FL 33612

**Current Mailing Address:**

P.O. BOX 17941  
TAMPA, FL 33682 US

**FEI Number:** 47-4762155

**Certificate of Status Desired:** No

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

MCDOWELL, G. DOUGLAS  
13119 N. FLORIDA AVENUE  
SUITE #27  
TAMPA, FL 33612 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	Title	MGR
Name	MCDOWELL, G. DOUGLAS	Name	MCDOWELL, PATRICIA A
Address	PO BOX 17941	Address	PO BOX 17941
City-State-Zip:	TAMPA FL 33682-7941	City-State-Zip:	TAMPA FL 33682-7941

*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:** G. DOUGLAS MCDOWELL

**MGR**

**02/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date