

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000142365

**Entity Name:** PARTIN FARMS ROAD, LLC

**Current Principal Place of Business:**

615 CRESCENT EXECUTIVE COURT  
SUITE 212  
LAKE MARY, FL 32746

**Current Mailing Address:**

615 CRESCENT EXECUTIVE COURT  
SUITE 212  
LAKE MARY, FL 32746

**FEI Number:** 30-0880533

**Certificate of Status Desired:** No

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

KACHRIS, THEODORE L  
615 CRESCENT EXECUTIVE CT.  
SUITE 212  
LAKE MARY, FL 32746 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 KACHRIS, THEODORE L  
Address 615 CRESCENT EXECUTIVE CT., STE  
212  
City-State-Zip: LAKE MARY FL 32746

Title MGR  
Name HAMLIN, ALVIN C  
Address 615 CRESCENT EXECUTIVE CT., STE  
212  
City-State-Zip: LAKE MARY FL 32746

Title MGR  
Name LUCAS, DUSTIN  
Address 2649 STANMORE CT.  
City-State-Zip: ORLANDO FL 32817

*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:** THEODORE L. KACHRIS

**MANAGER**

**03/30/2016**

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

\_\_\_\_\_  
Date