

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000209032

**Entity Name:** 8629 JULIA LANE, LLC

**Current Principal Place of Business:**

8629 JULIA LN  
NAPLES, FL 34114

**Current Mailing Address:**

8629 JULIA LANE  
NAPLES, FL 34114 US

**FEI Number: 81-0861524**

**Certificate of Status Desired: No**

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

AUSTIN, ARLENE F ESQ  
6312 TRAIL BLVD  
NAPLES, FL 34108 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 MEDANIC, LISA C  
Address 8629 JULIA LANE  
City-State-Zip: NAPLES FL 34114

Title AMBR  
Name MEDANIC, STEVE D  
Address 8629 JULIA LANE  
City-State-Zip: NAPLES FL 34114

Title AMBR  
Name MEDANIC, STEPHEN D  
Address 9120 GREENSPIRE DR  
City-State-Zip: DES MOINES IA 50266

Title AMBR  
Name MEDANIC, LAURA M  
Address 8655 BRIDGEWOOD  
APT. 2212  
City-State-Zip: WEST DES MOINES IA 50266

*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: LISA MEDANIC**

**MANAGER**

**01/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date