

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000142066

**Entity Name:** LLP INVESTORS, LLC

**Current Principal Place of Business:**

505 GREENWOOD AVENUE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

505 GREENWOOD AVENUE  
LEHIGH ACRES, FL 33972 US

**FEI Number:** 81-3429997

**Certificate of Status Desired:** No

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

WAFLE, SYLVIA J  
505 GREENWOOD AVE  
LEHIGH ACRES, FL 33972 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:** SYLVIA J. WAFLE

01/11/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name WAFLE, SYLVIA J  
Address 505 GREENWOOD AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MANAGER  
Name WAFLE, RAY J  
Address 505 GREENWOOD AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MANAGER  
Name WAFLE, LANCE H  
Address 3300 HAMPTON BLVD  
City-State-Zip: ALVA FL 33920

Title MANAGER  
Name DEAN, LAURA K  
Address 1425 GRAHAM CIRCLE  
City-State-Zip: LEHIGH ACRES FL 33936

*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:** SYLVIA J WAFLE

MANAGER

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date