

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000146472

**Entity Name:** CALVIN HOLMES LLC

**Current Principal Place of Business:**

14955 109TH STREET  
FELLSMERE, FL 32948

**Current Mailing Address:**

14955 109TH STREET  
FELLSMERE, FL 32948

**FEI Number:** 81-3526960

**Certificate of Status Desired:** No

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

HOLMES, CALVIN  
14955 109TH STREET  
FELLSMERE, FL 32948 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 HOLMES, CALVIN  
Address 14955 109TH STREET  
City-State-Zip: FELLSMERE FL 32948

*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:** CALVIN HOLMES

**MANAGER**

**04/30/2017**

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

\_\_\_\_\_  
Date