

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184604

**Entity Name:** RENEE DELMONTIER, LLC

**Current Principal Place of Business:**

1775 SW GATLIN BLVD.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1775 SW GATLIN BLVD.  
PORT ST. LUCIE, FL 34953

**FEI Number: 81-4037341**

**Certificate of Status Desired: No**

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

DELMONTIER, RENEE  
1775 SW GATLIN BLVD.  
PORT ST. LUCIE, FL 34953 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            DELMONTIER, RENEE  
Address        1775 SW GATLIN BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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: RENEE DELMONTIER**

**MANAGER**

**03/14/2017**

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

\_\_\_\_\_  
Date