

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000051701

**Entity Name:** 18369 NW 45TH AVE ROAD, LLC

**Current Principal Place of Business:**

4160 W HWY 40  
OCALA, FL 34482

**Current Mailing Address:**

4160 W HWY 40  
OCALA, FL 34482

**FEI Number:** 82-2832639

**Certificate of Status Desired:** No

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

LYONS, JASON  
4160 W HWY 40  
OCALA, FL 34482 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	Title	MGR
Name	LYONS, JASON	Name	LAMPEN, DICK
Address	4160 W HWY 40	Address	4160 W HWY 40
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

*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:** DICK LAMPEN

**MANAGER**

**04/26/2018**

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

\_\_\_\_\_  
Date