

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000080260

Entity Name: 865 MARION CT S, LLC

Current Principal Place of Business:

2816 BEACH BLVD S
GULFPORT, FL 33707

Current Mailing Address:

PO BOX 902
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORALES, RAANDI
2816 BEACH BLVD S
GULFPORT, FL 33707 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 MEUNIER, DAVID
Address PO BOX 902
City-State-Zip: INDIAN ROCKS BEACH FL 33785

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: DAVID MEUNIER

MGR

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date