## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000082193

Entity Name: 8287 LOST CREEK LLC

**Current Principal Place of Business:** 

8279 LOST CREEK LANE DELRAY BEACH, FL 33446

**Current Mailing Address:** 

8279 LOST CREEK LANE DELRAY BEACH, FL 33446

FEI Number: 82-1152225 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELLINGER, STEPHEN T III 8279 LOST CREEK LANE DELRAY BEACH, FL 33446 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

FILED Jan 10, 2018

**Secretary of State** 

CC9824897215

Authorized Person(s) Detail:

Title MGR Title MGR

NameMELLINGER, STEPHEN T IIINameMELLINGER, MANDY LAddress8279 LOST CREEK LANEAddress8279 LOST CREEK LANECity-State-Zip:DELRAY BEACH FL 33446City-State-Zip:DELRAY BEACH FL 33446

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: STEPHEN MELLINGER

**MANAGER** 

01/10/2018