

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000142075

**Entity Name:** MERENESS FAMILY LLC**Current Principal Place of Business:**12212 WOOD DUCK PLACE  
TEMPLE TERRACE, FL 33617**Current Mailing Address:**12212 WOOD DUCK PLACE  
TEMPLE TERRACE, FL 33617 UN**FEI Number:** 83-0861750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MERENESS, DAVID A  
12212 WOOD DUCK PLACE  
TEMPLE TERRACE, FL 33617 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            | MERENESS, DAVID         |
| Address         | 12212 WOOD DUCK PLACE   |
| City-State-Zip: | TEMPLE TERRACE FL 33617 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MBR                     |
| Name            | MERENESS, VIRGINIA      |
| Address         | 12212 WOOD DUCK PLACE   |
| City-State-Zip: | TEMPLE TERRACE FL 33617 |

|                 |                      |
|-----------------|----------------------|
| Title           | MBR                  |
| Name            | BLACKMORE, KATHARINE |
| Address         | 45 EMERALD CROSSING  |
| City-State-Zip: | WESTERVILLE OH 43082 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MBR                   |
| Name            | SHEETS, MARY          |
| Address         | 404 SW TOMMY LITES ST |
| City-State-Zip: | LAKE CITY FL 32024    |

|                 |                     |
|-----------------|---------------------|
| Title           | MBR                 |
| Name            | SCHROLL, ELIZABETH  |
| Address         | 565 SUNSET KNOLL RD |
| City-State-Zip: | PASEDNA MD 21122    |

*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 A MERENESS**MEMBER****02/06/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date