

FLORIDA LLC ANNUAL REPORT

Business Name

JOHN DOE LLC

Type

Florida Limited Liability Company

Document Number

L17000XXXXXX

Filing Fee

\$50.00

File Date Jul 18, 2015

Filing State or Country FL

Status Active


1 of 5 - Review and Edit Your Information

FEI/EIN Number Applied For

Edit FEI/ EIN Number 


Principal Address

1020 Pine Point Rd.
Singer Island, FL 33404 US

Edit Principal Address 

Mailing Address

1020 Pine Point Rd.
Singer Island, FL 33404 US

Edit Mailing Address 

Registered Agent Name / Signature

Registered Agent
DOE, JOHN

Edit Agent / Signature 

Registered Agent Information

Registered Agent Address
1020 Pine Point Rd.
Singer Island, FL 33404 US

Edit Address

Name And Address of Person(s) Authorized to Manage Limited Liability Company

Title AMBR
DOE, JOHN
1020 Pine Point Rd.
Singer Island, FL 33404 US

Edit or Delete Manager 

Add New Manager/ Authorized Member/ Authorized Representative? 

Important Notice: You may now list all principals (i.e., officers, directors, managers, authorized representatives, etc.) on your online annual report. Our office no longer accepts attachments.

If no additional managers/authorized members/authorized representatives are needed, move on to Step 2.

2 of 5 - Order a Certificate of Status?

Do you want a Certificate of Status? 

Yes No

3 of 5 - Review Your Info and Fee

FEI/EIN Number Applied For

Principal Address

1020 Pine Point Rd.
Singer Island, FL 33404 US

Mailing Address

1020 Pine Point Rd.
Singer Island, FL 33404 US

Registered Agent Information

Registered Agent
DOE, JOHN

Registered Office Address

1020 Pine Point Rd.
Singer Island, FL 33404 US

Name And Address of Person(s) Authorized to Manage Limited Liability Company

Title AMBR
DOE, JOHN
1020 Pine Point Rd.
Singer Island, FL 33404 US

Title AMBR
DOE, JOHN
1020 Pine Point Rd.
Singer Island, FL 33404 US

4 of 5 - Continue Editing or Move On?

Is all the above information correct?

NO! Continue Editing

OR

5 of 5 - Sign & Move On?

YES! This is the information I want to report.

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Email Address 


JOHNDOE@JOE

Re-enter Email Address

JOHNDOE.COM

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.

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 authorized to execute this report as required by Chapter 605, Florida Statutes; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. [817.155](#) , F.S.

Type Name of Individual Signing Here 

Type Name of Individual Signing Here

/John Doe/

Title

Title

Member

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. [831.06](#) , F.S. The individual "signing" this document affirms that the facts stated herein are true.

Move on to Payment Section