

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000101858

**Entity Name:** MULTI-FAMILY APPS, INC.

**Current Principal Place of Business:**

1942 W COUNTY ROAD  
SUITE 1010  
OVIEDO, FL 32766

**FILED**  
**Mar 02, 2017**  
**Secretary of State**  
**CC5490224484**

**Current Mailing Address:**

1942 W COUNTY ROAD  
SUITE 1010  
OVIEDO, FL 32766 US

**FEI Number: 46-4385747**

**Certificate of Status Desired: No**

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

WESTMORELAND, SONNY R SR.  
1942 W COUNTY ROAD  
SUITE 1010  
OVIEDO, FL 32766 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

**Officer/Director Detail :**

Title P  
Name WESTMORELAND, SONNY R SR.  
Address 1942 W COUNTY ROAD  
SUITE 1010  
City-State-Zip: OVIEDO FL 32766

Title VP  
Name WESTMORELAND, CYNTHIA F  
Address 1942 W COUNTY ROAD  
SUITE 1010  
City-State-Zip: OVIEDO FL 32766

Title VP  
Name WESTMORELAND, SONNY R JR.  
Address 1942 W COUNTY ROAD  
SUITE 1010  
City-State-Zip: OVIEDO FL 32766

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SONNY WESTMORELAND SR**

**PRESIDENT**

**03/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date