

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006793

Entity Name: 600 L.C.**Current Principal Place of Business:**1885 WEST HWY 520
COCOA, FL 32926**Current Mailing Address:**707 S WASHINGTON BLVD
SARASOTA, FL 34236**FEI Number:** 65-1016920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCHANAN, MATTHEW
1885 WEST HWY 520
COCOA, FL 32926 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:** MATTHEW BUCHANAN

04/25/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name 1099 MANAGEMENT COMPANY, L.L.C.
Address 50 CENTRAL AVE, SUITE 900
City-State-Zip: SARASOTA FL 34236

Title VP
Name DE MASSO, SCOTT
Address 1885 WEST HWY 520
City-State-Zip: COCOA FL 32966

Title TS
Name TRIPI, TONI
Address 707 S WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title VP
Name KEVIN, BRODSKY S
Address 3907 BAYSHORE BLVD.
City-State-Zip: TAMPA FL 33611

Title VP
Name BUCHANAN, MATTHEW
Address 707 S WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

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: TONI TRIPI**TREASURER**

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date