

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009934

**Entity Name:** FLORIDA WATERFRONT ESTATES, L.L.C.

**Current Principal Place of Business:**

766 ONYX PARKWAY  
DELAND, FL 32724

**Current Mailing Address:**

766 ONYX PARKWAY  
DELAND, FL 32724

**FEI Number: 01-0674749**

**Certificate of Status Desired: No**

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

OSWALD & OSWALD, P.L.  
222 S. WESTMONTE DRIVE  
SUITE 210  
ALTAMONTE SPRINGS, FL 32714 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 WALLSCHLAEGER, MARK ATRUSTEE  
Address 107 DONLON DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGR  
Name WALLSCHLAEGER, MARK,  
SUCCESSOR TRUSTEE  
Address 107 DONLON DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGR  
Name VILLALOBOS, JORGE A  
Address 766 ONYX PARKWAY  
City-State-Zip: DELAND, FL 32724

*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: JORGE VILLALOBOS**

**MANAGER**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date