

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012854

**FILED  
Apr 19, 2016  
Secretary of State  
CC5690948809**

**Entity Name:** NORTHWEST FIFTEENTH AVE., LLC

**Current Principal Place of Business:**

8623 COMMODITY CIR.  
ORLANDO, FL 32819

**Current Mailing Address:**

8623 COMMODITY CIR.  
ORLANDO, FL 32819 US

**FEI Number:** 36-4496397

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           GONZALEZ, RICARDO H.  
Address        8623 COMMODITY CIR.  
City-State-Zip: ORLANDO FL 32819

Title           MANAGER  
Name           WRIGHT, MICHAEL T.  
Address        8623 COMMODITY CIR.  
City-State-Zip: ORLANDO FL 32819

Title           MANAGER  
Name           GRABOSKY, DAVID M.  
Address        8623 COMMODITY CIR.  
City-State-Zip: ORLANDO FL 32819

*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:** MICHAEL T. WRIGHT

**MANAGER**

**04/19/2016**

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

\_\_\_\_\_  
Date