**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 02, 2019**
**Secretary of State**
**CC2055770385**

DOCUMENT# L02000012854

**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 | Title | MANAGER |
| Name | GONZALEZ, RICARDO H. | Name | WRIGHT, MICHAEL T. |
| Address | 8623 COMMODITY CIR. | Address | 8623 COMMODITY CIR. |
| City-State-Zip: | ORLANDO FL 32819 | 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 01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date