## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018235

Entity Name: 6495, LLC

**Current Principal Place of Business:** 

2614 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

**Current Mailing Address:** 

2614 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

FEI Number: 20-2734471 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SACHER, CHARLES P 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134 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.

MGR

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 15, 2017

**Secretary of State** 

CC8923756335

Authorized Person(s) Detail:

Title MGR Title

Name NG, ALLAN Name NG, BETTY W,K,

Address 2614 PONCE DE LEON BLVD. Address 2614 PONCE DE LEON BLVD.

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MGRM Name NG, ABE

Address 2614 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

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: ABE NG MGRM 03/15/2017