

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000005042

**Entity Name:** 1785, LLC

**Current Principal Place of Business:**

1785 N. STATE ROAD 7  
MARGATE, FL 33063

**Current Mailing Address:**

1785 N. STATE ROAD 7  
MARGATE, FL 33063

**FEI Number:** 20-4138976

**Certificate of Status Desired:** No

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

HONGNOPKHUN, PREECHA  
1785 N. STATE ROAD 7  
MARGATE, FL 33063 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           MANAGING MEMBER  
Name           HONGNOPKHUN, PREECHA  
Address        1785 N. STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

Title           MANAGER  
Name           HONGNOPKHUN, BENJAMIN  
Address        1785 N. STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

Title           MANAGER  
Name           KELLY, CHRISTINE  
Address        1785 N. STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

*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:** BENJAMIN HONGNOPKHUN

**MANAGER**

**03/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date