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.

MGRM

SIGNATURE: PAUL C BRODERSEN, TRUSTEE

Electronic Signature of Signing Authorized Person(s) Detail

## Name and Address of Current Registered Agent:

BRODERSEN, PAUL C 2240 WEST CLASSIC COURT LONGWOOD, FL 32779-5818 US

### SIGNATURE:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	BRODERSEN, PAUL CTRUSTEE	Name	BRODERSEN, ELIZABETH K
Address	2240 WEST CLASSIC COURT	Address	922 CAROLINA STREET
City-State-Zip:	LONGWOOD FL 32779-5818	City-State-Zip:	SAN FRANCISCO CA 94107-3337

The above named entity submits this statement f	or the purpose of changing its i	registered office or registered ac	ent, or both, in the State of Flori

# DOCUMENT# L06000079022

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 5204 STRATEMEYER, LLC

## **Current Principal Place of Business:**

2240 WEST CLASSIC COURT LONGWOOD. FL 32779-5818

# **Current Mailing Address:**

2240 WEST CLASSIC COURT LONGWOOD, FL 32779-5818 US

# FEI Number: 20-5350081

# Certificate of Status Desired: No

04/03/2018 Date

## FILED Apr 03, 2018 Secretary of State CC5303209215

Date