

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014049

**Entity Name:** 765 NE 19TH PLACE, LLC

**Current Principal Place of Business:**

13542 PINE VILLA LN  
FORT MYERS, FL 33912

**Current Mailing Address:**

13542 PINE VILLA LN  
FORT MYERS, FL 33912 US

**FEI Number:** 20-8396063

**Certificate of Status Desired:** No

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

DOMBROWSKI, ALIZA  
5351 COLONY CT  
CAPE CORAL, FL 33904 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 MGRM  
Name DOMBROWSKI, ALIZA  
Address 13542 PINE VILLA LN  
City-State-Zip: FORT MYERS FL 33912

Title MGRM  
Name HEMED, DAVID  
Address 1930 SE 21ST TER  
City-State-Zip: CAPE CORAL FL 33990

Title MGRM  
Name HEMED, JACOB  
Address 1731 TRIANGLE PALM TER  
City-State-Zip: NAPLES FL 34119

*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:** DAVID HEMED

MMBR

03/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date