

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050963

Entity Name: 1601 14TH STREET, NW LLC**Current Principal Place of Business:**127 MONTE CARLO DRIVE
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**9464 NEWBRIDGE DRIVE
C/O NEWBRIDGE MNGT., LLC
POTOMAC, MD 20854 US**FEI Number:** 26-3783196**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAFJE, STEPHEN H
127 MONTE CARLO DRIVE
PALM BEACH GARDENS, FL 33418 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:** STEPHEN H JAFFE

01/22/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	IRREVOCABLE TRUST, STEPHEN JAFFE
Address	127 MONTE CARLO DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MGRM
Name	JAFFE, REV. TRUST, MICHELLE L
Address	9464 NEWBRIDGE DRIVE
City-State-Zip:	POTOMAC MD 20854

Title	MANAGING MEMBER
Name	JAFFE, STEPHEN H
Address	127 MONTE CARLO DRIVE
City-State-Zip:	POTOMAC MD 20854

Title	MGRM
Name	JAFFE, DAVID E
Address	127 MONTE CARLO DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MGRM
Name	PIRJO JAFFE IRREVOCABLE TRUST
Address	127 MONTE CARLO DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	MANAGER
Name	JAFFE, PIRJO L
Address	127 MONTE CARLO DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: STEPHEN JAFFE**MANAGING MEMBER**

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date