

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088242

**Entity Name:** CAG MANAGER EXCHANGE H649, LLC

**Current Principal Place of Business:**

2403 RIVER TREE CIRCLE  
SANFORD, FL 32771

**Current Mailing Address:**

2403 RIVER TREE CIRCLE  
SANFORD, FL 32771

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CAG MANAGER EXCHANGE, LLC  
2403 RIVER TREE CIRCLE  
SANFORD, FL 32771 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 MGR  
Name GIOVANNETTI, PAUL  
Address 2403 RIVER TREE CIRCLE  
City-State-Zip: SANFORD FL 32771

*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:** PAUL GIOVANNETTI

MGR

07/14/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date