

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094168

**Entity Name:** 719 BROOKHAVEN, LLC

**Current Principal Place of Business:**

919 ORANGE AVE  
SUITE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

919 ORANGE AVENUE  
SUITE 100  
WINTER PARK, FL 32789 US

**FEI Number:** 58-9749564

**Certificate of Status Desired:** No

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

HENLEY, STEPHANIE  
919 ORANGE AVE  
SUITE 100  
WINTER PARK, FL 32789 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 HENLEY, STEPHANIE  
Address 919 ORANGE AVE  
City-State-Zip: WINTER PARK FL 32789

Title MGRM  
Name BEASLEY, TROY  
Address 919 ORANGE AVE  
City-State-Zip: WINTER PARK FL 32789

*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:** STEPHANIE HENLEY

MGRM

01/28/2016

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

\_\_\_\_\_  
Date