# that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: GEORGE MALTEZOS

## DOCUMENT# L10000011178 Entity Name: 46/54 NORTH ORANGE AVENUE, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**46 N ORANGE AVENUE** ORLANDO, FL 32801

#### **Current Mailing Address:**

**46 N ORANGE AVENUE** ORLANDO, FL 32801 US

#### FEI Number: 27-1963874

### Name and Address of Current Registered Agent:

WELLS, DENNIS 280 WEKIVA SPRINGS ROAD **SUITE 2090** LONGWOOD, FL 32778 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	: DENNIS WELLS			01/19/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	MALTEZOS, GEORGE F	Name	SAN FELIPPO, JOHN D	
Address	28345 COLUMBIA ROAD	Address	28529 ATLANTIS ROAD	
City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778	

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

MANAGER

01/19/2017

FILED Jan 19, 2017 Secretary of State CC1583124173

Certificate of Status Desired: No

Date