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.

MGR

SIGNATURE: ARUN K.PENUKONDA

Electronic Signature of Signing Authorized Person(s) Detail

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101728

Entity Name: 323 DEL PRADO BLVD. S. LLC

#### Current Principal Place of Business:

323 DEL PRADO BLVD., S. SUITE 100 CAPE CORAL, FL 33990

### **Current Mailing Address:**

323 DEL PRADO BLVD., S. SUITE 100 CAPE CORAL, FL 33990 US

## FEI Number: 27-3754294

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

Electronic Signature of Registered Agent

PENUKONDA, ARUN K 323 DEL PRADO BLVD., S. SUITE 100 CAPE CORAL, FL 33990 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:

# Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	PENUKONDA, ARUN K	Name	PENUKONDA, SARADA
Address	323 DEL PRADO BLVD., S., SUITE 100	Address	323 DEL PRADO BLVD. S., SUITE 100
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33990

# FILED Jan 09, 2017 Secretary of State CC1779519092

Date

Certificate of Status Desired: No

Date

01/09/2017