

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000004011

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC5470579589**

**Entity Name:** 717 SOUTH ORLANDO LLC

**Current Principal Place of Business:**

302 S. 2ND STREET  
COCOA BEACH, FL 32931

**Current Mailing Address:**

302 S. 2ND STREET  
COCOA BEACH, FL 32931 US

**FEI Number:** 27-4542473

**Certificate of Status Desired:** No

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

MILLER, DIANA  
302 S. 2ND STREET  
COCOA BEACH, FL 32931 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 MILLER, DIANA  
Address 302 S. 2ND STREET  
City-State-Zip: COCOA BEACH FL 32931

Title MGRM  
Name THE DIANA L MILLER REVOCABLE LIVING TRUST  
Address 302 S. 2ND STREET  
City-State-Zip: COCOA BEACH FL 32931

Title MGRM  
Name MILLER, THOMAS D  
Address 302 S. 2ND STREET  
City-State-Zip: COCOA BEACH FL 32931

*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:** DIANA MILLER

**MGRM**

**01/19/2015**

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

\_\_\_\_\_  
Date