#### 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. 03/19/2014

MGRM

SIGNATURE: NANCILEE WYDRA

Electronic Signature of Signing Authorized Person(s) Detail

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	GOODMAN, ROBYN	Name	WYDRA, NANCILEE
Address	320 CENTRAL PARK WEST	Address	621 17TH STREET
City-State-Zip:	NEW YORK NY 10025	City-State-Zip:	VERO BEACH FL 32960

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.

# **Current Principal Place of Business:**

Entity Name: 1415 TREASURE COVE, LLC.

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

621 17TH STREET VERO BEACH, FL 32960

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

3096 CARDINAL DRIVE SUITE 2C VERO BEACH, FL 32963 US

DOCUMENT# L11000055436

### FEI Number: 45-4841112

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BARRY G. SEGAL PA 3096 CARDINAL DRIVE SUITE 2C VERO BEACH, FL 32963 US

SIGNATURE:

Certificate of Status Desired: No

Date