

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000065286

**Entity Name:** 519 AUGUSTA LLC

**Current Principal Place of Business:**

519 AUGUSTA WAY  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

519 AUGUSTA WAY  
MIRAMAR BEACH, FL 32550

**FEI Number:** 45-2603502

**Certificate of Status Desired:** No

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

BLUM, WILLIAM E  
519 AUGUSTA WAY  
MIRAMAR BEACH, FL 32550 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 BLUM, WILLIAM E  
Address 519 AUGUSTA WAY  
City-State-Zip: MIRAMAR BEACH FL 32550

Title MGRM  
Name FALK, TORHEL  
Address 519 AUGUSTA WAY  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** WILLIAM E. BLUM

**MANAGER**

**02/05/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date