

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102283

**Entity Name:** 500 ARLEN HOUSE WEST 2127 LLC

**Current Principal Place of Business:**

7815 SW 24 ST SUITE 107  
MIAMI, FL 33155

**Current Mailing Address:**

7815 SW 24 ST SUITE 107  
MIAMI, FL 33155 US

**FEI Number:** 99-0379359

**Certificate of Status Desired:** No

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

FULLONE, CARLOS J  
7815 SW 24 ST SUITE 107  
MIAMI, FL 33155 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 MGR  
Name FULLONE, CARLOS J  
Address 7815 SW 24 ST SUITE 107  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name GODIO, VIRGINIA S  
Address 7815 SW 24 ST SUITE 107  
City-State-Zip: MIAMI FL 33155

*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:** CARLOS J FULLONE

MGR

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date