

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102283

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

**Current Principal Place of Business:**

2380 SW 80TH CT  
MIAMI, FL 33155

**Current Mailing Address:**

2380 SW 80TH CT  
MIAMI, FL 33155 US

**FEI Number:** 99-0379359

**Certificate of Status Desired:** No

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

FULLONE, CARLOS J  
2380 SW 80TH CT  
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	MGRM	Title	MGRM
Name	FULLONE, CARLOS J	Name	GODIO, VIRGINIA S
Address	2380 SW 80TH CT	Address	2380 SW 80TH CT
City-State-Zip:	MIAMI FL 33155	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLOS J FULLONE

MGMR

04/26/2013

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

\_\_\_\_\_ Date