

2017 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	Title	MGR
Name	FULLONE, CARLOS J	Name	GODIO, VIRGINIA S
Address	7815 SW 24 ST SUITE 107	Address	7815 SW 24 ST SUITE 107
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS J FULLONE

MGR

02/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date