

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000066945

**Entity Name:** 516 W. HWY 50, LLC

**Current Principal Place of Business:**

516 W. HWY 50  
CLERMONT, FL 34711

**Current Mailing Address:**

516 W. HWY 50  
CLERMONT, FL 34711 US

**FEI Number:** 46-2716581

**Certificate of Status Desired:** No

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

LIMOLI, JOHN  
12833 LAKEVIEW AVE  
CLERMONT, FL 34711 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	MGMR
Name	LIMOLI, JOHN	Name	LIMOLI, NOREEN
Address	12833 LAKEVIEW AVE	Address	12833 LAKEVIEW AVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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:** NOREEN LIMOLI

MGMR

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date