

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000069397

**Entity Name:** 7803 NW 71ST AVE L.L.C.

**Current Principal Place of Business:**

501 BROAD STREET W  
WILSON, NC 27893

**Current Mailing Address:**

501 BROAD STREET W  
WILSON, NC 27893 US

**FEI Number:** 46-3438627

**Certificate of Status Desired:** No

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

SMOLEN, GARY E  
501 BROAD STREET W  
WILSON, FL 27893 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 SMOLEN, GARY E  
Address 501 BROAD STREET W  
City-State-Zip: WILSON NC 27893

*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:** GARY SMOLEN

MGRM

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date