

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000094989

**Entity Name:** 455 S. PINE ISLAND LLC

**Current Principal Place of Business:**

2625 WESTON RD  
STE D  
WESTON, FL 33331

**FILED**  
**Feb 14, 2018**  
**Secretary of State**  
**CC2077015326**

**Current Mailing Address:**

2625 WESTON RD  
STE D  
WESTON, FL 33331 US

**FEI Number:** 42-1775984

**Certificate of Status Desired:** No

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

WESTON CORPORATE ADMINISTRATION LLC  
2625 WESTON RD  
WESTON, FL 33331 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	GONZALEZ, HECTOR A	Name	GONZALEZ, LUIS F
Address	2625 WESTON RD STE D	Address	2625 WESTON RD STE D
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

*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:** HECTOR GONZALEZ

**MANAGER**

**02/14/2018**

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

\_\_\_\_\_  
Date