

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000164945

**Entity Name:** 6615 WATERS EDGE, LLC

**Current Principal Place of Business:**

17 LIMESTONE DRIVE  
SUITE 2  
WILLIAMSVILLE, NY 14221

**Current Mailing Address:**

17 LIMESTONE DRIVE  
SUITE 2  
WILLIAMSVILLE, NY 14221 US

**FEI Number:** 46-4212110

**Certificate of Status Desired:** No

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

ARNO, MICHAEL J  
6615 WATERS EDGE WAY  
LAKEWOOD RANCH, FL 34202 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 THE MICHAEL J. ARNO REVOCABLE  
TRUST DATED FEBRUARY 15, 2008  
Address 5880 KRAUS ROAD  
City-State-Zip: CLARENCE NY 14031

*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:** MICHAEL J. ARNO

**MEMBER**

**01/27/2017**

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

\_\_\_\_\_  
Date