

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000165468

**Entity Name:** 1501 ST. RD. 7, LLC

**Current Principal Place of Business:**

48 EAST ROYAL PALM ROAD  
BOCA RATON, FL 33432

**Current Mailing Address:**

48 EAST ROYAL PALM ROAD  
BOCA RATON, FL 33432 US

**FEI Number:** 46-4228987

**Certificate of Status Desired:** No

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

ROBINSON, MORRIS  
48 E ROYAL PALM ROAD  
BOCA RATON, FL 33432 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  
Name ROBINSON, MORRIS  
Address 48 EAST ROYAL PALM ROAD  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name ROBINSON, CHARLOTTE  
Address 48 EAST ROYAL PALM ROAD  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name BRAMNICK, HINDA  
Address 48 EAST ROYAL PALM ROAD  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name ROBINSON, PHYLLIS  
Address 48 EAST ROYAL PALM ROAD  
City-State-Zip: BOCA RATON FL 33432

Title MGRM  
Name ROBINSON-ADAMSON, HARRIET R.  
Address 48 E ROYAL PALM ROAD  
City-State-Zip: BOCA RATON FL 33432

*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:** PHYLLIS ROBINSON

**MGRM**

**04/11/2018**

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

\_\_\_\_\_  
Date