

2016 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: MORRIS ROBINSON**MANAGER****04/12/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date