|  | 2018 | <b>FLORIDA</b> | LIMITED | LIABILITY | COMPANY | ANNUAL REPORT |
|--|------|----------------|---------|-----------|---------|---------------|
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DOCUMENT# L14000002813

Entity Name: 1711 MANSFIELD PARTNERS LLC

# **Current Principal Place of Business:**

2114 PLUMBAGO TRAIL STUART, FL 34994

# **Current Mailing Address:**

147 WEST SHORE DRIVE MASSAPEQUA, NY 11758 US

# FEI Number: 46-4502526

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:                    | RYAN UNDERWOOD                           |                 |                      |      |  |  |
|-------------------------------|--|-----------------|----------------------|------|--|--|
|                               | Electronic Signature of Registered Agent |                 |                      | Date |  |  |
| Authorized Person(s) Detail : |  |                 |                      |      |  |  |
| Title                         | AUTHORIZED MEMBER                        | Title           | AUTHORIZED MEMBER    |      |  |  |
| Name                          | FICK, BRIAN J                            | Name            | FICK, DEBRA J        |      |  |  |
| Address                       | 147 WEST SHORE DRIVE                     | Address         | 147 WEST SHORE DRIVE |      |  |  |
| City-State-Zip:               | MASSAPEQUA NY 11758                      | City-State-Zip: | MASSAPEQUA NY 11758  |      |  |  |

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: BRIAN FICK

AUTHORIZED MEMBER 03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Mar 29, 2018 Secretary of State CC3209249847

Certificate of Status Desired: No