

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000158019

**Entity Name:** 914 MAPLE STREET, LLC

**Current Principal Place of Business:**

4 OAKLAWN AVENUE  
GLEN HEAD, NY 11545

**Current Mailing Address:**

4 OAKLAWN AVENUE  
GLEN HEAD, NY 11545

**FEI Number:** 47-2459057

**Certificate of Status Desired:** No

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

PRESTON, WILLIAM T  
143 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 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 MMGR  
Name CAVALIERE, AUGUST B  
Address 4 OAKLAWN AVENUE  
City-State-Zip: GLEN HEAD NY 11545

*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:** AUGUST CAVALIERE

MGR

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date