# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000175443

#### Entity Name: 1642 POLK STREET LLC

## **Current Principal Place of Business:**

SOPHIE G. MAVROLEON 7220 S RED RD, MIAMI, FL 33143 MIAMI, FL 33143

## **Current Mailing Address:**

SOPHIE G. MAVROLEON 7220 S RED RD MIAMI, FL 33143 US

## FEI Number: 47-2323831

## Name and Address of Current Registered Agent:

MAVROLEON, SOPHIE G 1642 POLK STREET HOLLYWOOD, FL 33020 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

## Authorized Person(s) Detail :

| Title           | MGR   | Title           | MGR, MANAGER  |
|-----------------|---|-----------------|---|
| Name            | MAVROLEON, SOPHIE G                                   | Name            | MAVROLEON, JULIETTE S                                 |
| Address         | SOPHIE G. MAVROLEON<br>7220 S RED RD, MIAMI, FL 33143 | Address         | SOPHIE G. MAVROLEON<br>7220 S RED RD, MIAMI, FL 33143 |
| City-State-Zip: | MIAMI FL 33143  | City-State-Zip: | MIAMI FL 33143  |

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: SOPHIE G MAVROLEON PA

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 08, 2018 Secretary of State CC8108146969

Certificate of Status Desired: Yes

Date