## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045105

Entity Name: 509 20TH AVE N LLC

**Current Principal Place of Business:** 

4095 STATE ROAD7 SUITE L-106 WELLINGTON, FL 33449

**Current Mailing Address:** 

4095 STATE ROAD7 SUITE L-106 WELLINGTON, FL 33449

FEI Number: 61-1757512 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRABS, DOMENICA 4095 STATE ROAD7 SUITE L-106 WELLINGTON, FL 33449 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

FILED Mar 03, 2018

**Secretary of State** 

CC5275503974

Authorized Person(s) Detail:

Title MGR Title MGR

Name CARRABS, DOMENICA Name CARRABS, MICHAEL

Address 4095 STATE ROAD 7 SUITE L-106 Address 4095 STATE ROAD 7 SUITE L-106

City-State-Zip: WELLINGTON FL 33449 City-State-Zip: WELLINGTON FL 33449

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.