

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000051603

**Entity Name:** 1850 NE 2ND CT, LLC

**Current Principal Place of Business:**

5660 MICHLAR DRIVE  
LAKE WORTH, FL 33449

**Current Mailing Address:**

5660 MICHLAR DRIVE  
LAKE WORTH, FL 33449

**FEI Number:** 47-3516301

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
525 OKEECHOBEE BLVD.  
1100 (JAF/DAG)  
WEST PALM BEACH, FL 33401 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                 | Title           | AMBR                |
| Name            | POJE, DANIEL        | Name            | POJE, DEBORAH       |
| Address         | 5660 MICHLAR DRIVE  | Address         | 5660 MICHLAR DRIVE  |
| City-State-Zip: | LAKE WORTH FL 33449 | City-State-Zip: | LAKE WORTH 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.*

**SIGNATURE:** DEBORAH POJE

**MEMBER**

**02/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date