

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000072385

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**4244924754CC**

**Entity Name:** INDIAN TRACE PARTNER INTERESTS, LLC

**Current Principal Place of Business:**

2100 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2100 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**FEI Number:** 47-4012684

**Certificate of Status Desired:** No

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

WOLFE, LEON J  
2100 HOLLYWOOD BLVD  
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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JORGE LOPEZ AND AWILDA LOPEZ,  
TBE  
Address 2100 HOLLYWOOD BLVD  
City-State-Zip: HOLLYWOOD FL 33020

Title MGRM  
Name M3 ASSETS, LLC  
Address 2100 HOLLYWOOD BLVD  
City-State-Zip: HOLLYWOOD FL 33020

Title MGRM  
Name M.S. MADES FAMILY LIMITED  
PARTNERSHIP  
Address 2100 HOLLYWOOD BLVD  
City-State-Zip: HOLLYWOOD FL 33020

*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:** LEON J WOLFE

MGRM

02/26/2019

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

\_\_\_\_\_ Date