

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000087824

Entity Name: 539 34 COURT, LLC**Current Principal Place of Business:**10311 N LAKE VISTA CIRCLE
DAVIE, FL 33328**Current Mailing Address:**10311 N LAKE VISTA CIRCLE
DAVIE, FL 33328 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASCAL, MANUEL J TRUSTEE
10311 N LAKE VISTA CIRCLE
DAVIE, FL 33328 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	MANUEL PASCAL LIVING TRUST DTD 04/20/15
Address	10311 N LAKE VISTA CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	MGRM
Name	BARBARA PASCAL LIVING TRUST DTD 04/20/15
Address	10311 N LAKE VISTA CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	MGRM
Name	MANUEL PASCAL LIVING TRUST DTD 04/20/15
Address	10311 N LAKE VISTA CIRCLE
City-State-Zip:	DAVIE FL 33328

Title	MGRM
Name	BARBARA PASCAL LIVING TRUST DTD 04/20/15
Address	10311 N LAKE VISTA CIRCLE
City-State-Zip:	DAVIE FL 33328

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: MANUEL J PASCAL

MGRM

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date