**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 14, 2017**
**Secretary of State**
**CC9595940294**

DOCUMENT# L15000119635

**Entity Name:** 4566 SEAGRAPE DRIVE, LLC

**Current Principal Place of Business:**

4566 SEAGRAPE DRIVE
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

PO BOX 70421
FORT LAUDERDALE, FL 33307 US

**FEI Number: 47-4575617**

**Certificate of Status Desired:** No

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

VOGL, JOE
4645 BOUGAINVILLA DRIVE
LAUDERDALE BY THE SEA, FL 33308 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 |
| Name | VOGL, JOE |
| Address | PO BOX 70421 |
| City-State-Zip: | FORT LAUDERDALE FL 33307 |

| | |
|---|---|
| Title | MGR |
| Name | TORRES, LINDA V |
| Address | 4566 SEAGRAPE DR |
| City-State-Zip: | LAUDERDALE BY THE SEA FL 33308 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | JOSEF AND EDITH VOGL LIVING TRUST |
| Address | PO BOX 70421 |
| City-State-Zip: | FORT LAUDERDALE FL 33307 |

*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: JOE VOGL MGR 03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date