

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000170285

Entity Name: PHATAE LLC

Current Principal Place of Business:

3884 KING EDWARD ST
FORT MYERS, FL 33916

Current Mailing Address:

3884 KING EDWARD ST
FORT MYERS, FL 33916 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALINE LLC
6358 OLD MAHOGANY CT
NAPLES, FL 34109 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 FINKIELMAN, MENDEL
Address 3604 CEDAR OAK DR # 107
City-State-Zip: FORT MYERS FL 33916

Title MGR
Name HALPERN, ELIZABETH E
Address 3604 CEDAR OAK DR # 107
City-State-Zip: FORT MYERS FL 33916

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: MENDEL FINKIELMAN

MGR

04/05/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date