# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK MCCARTY

Electronic Signature of Signing Authorized Person(s) Detail

2246 BAY VILLAGE CT PALM BEACH GARDENS, FL 33410 **Current Mailing Address:** 

Entity Name: 2727 ANZIO CT 305, LLC

**Current Principal Place of Business:** 

2246 BAY VILLAGE CT PALM BEACH GARDENS. FL 33410 US

# FEI Number: 81-1623166

DOCUMENT# L16000018035

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

MCCARTY, PATRICK 2246 BAY VILLAGE CT. PALM BEACH GARDENS, FL 33410 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

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MCCARTY, PATRICK	Name	MCCARTY, DIANE
Address	2246 BAY VILLAGE CT.	Address	2246 BAY VILLAGE CT.
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

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

MGRM

05/11/2018 Date

## FILED May 11, 2018 Secretary of State CC0342976458

Certificate of Status Desired: No

Date