

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000027014

**Entity Name:** 195 W. PACES FERRY ROAD, LLC

**Current Principal Place of Business:**

5410 E CO HWY 30-A  
SUITE 215  
SEAGROVE BEACH, FL 32459

**Current Mailing Address:**

5410 E CO HWY 30-A  
SUITE 215  
SEAGROVE BEACH, FL 32459 US

**FEI Number:** 37-1802487

**Certificate of Status Desired:** No

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

WATSON SEWELL, PL  
5410 E CO HWY 30-A  
SUITE 201  
SEAGROVE BEACH, FL 32459 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 ECF MANAGEMENT, LLC  
Address 5410 E CO HWY 30-A  
SUITE 215  
City-State-Zip: SEAGROVE BEACH FL 32459

*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:** ROBIN J. FOWLER

**MANAGER**

**03/13/2017**

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

\_\_\_\_\_  
Date