

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000043431

**Entity Name:** OWN, LLC

**Current Principal Place of Business:**

2700 GLADES CIRCLE STE 128  
WESTON, FL 33327

**Current Mailing Address:**

2700 GLADES CIRCLE  
SUITE 128  
WESTON, FL 33327 UN

**FEI Number:** 81-1691219

**Certificate of Status Desired:** No

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

MPE CONSULTING, CORP  
2700 GLADES CIRCLE  
SUITE 127  
WESTON, FL 33327 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 ALFARO, MARIA B  
Address 2700 GLADES CIRCLE STE 128  
City-State-Zip: WESTON FL 33327

*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:** MARIA ALFARO

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03/22/2018

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

\_\_\_\_\_  
Date