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: MOWAFAK SHAHLA

Electronic Signature of Signing Authorized Person(s) Detail

# JACKSONVILLE, FL 32257 **Current Mailing Address:**

**Current Principal Place of Business:** 

Entity Name: 1660 SOUTH LANE AVE, LLC

2742 CHAPMAN OAK DRIVE JACKSONVILLE, FL 32257 US

# **FEI Number: APPLIED FOR**

DOCUMENT# L16000050201

2742 CHAPMAN OAK DRIVE

### Name and Address of Current Registered Agent:

ISAAAC, BRETT 2151 UNIVERSITY BLVD S JACKSOVNILLE, FL 32216 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Authorized Person(s) Detail :

Title	MBR	Title	MGR
Name	SHAHLA, MOWAFAK	Name	SALAMH, MARGRET
Address	2742 CHAPMAN OAK DR	Address	2742 CHAPMAN OAK DR
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257

MEMBER

03/29/2019

Date

# FILED Mar 29, 2019 Secretary of State 7085374552CC

Certificate of Status Desired: No

Date