

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000053271

Entity Name: 11461 WELLFLEET DR. LLC

Current Principal Place of Business:

11461 WELLFLEET DRIVE
FORT MYERS, FL 33908

Current Mailing Address:

P.O. BOX 918
DEVON, PA 19333

FEI Number: 81-1905019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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 | AMBR | Title | AMBR |
| Name | SALAMONE, PAUL JOSEPH | Name | SALAMONE, LISA SAIA |
| Address | P.O. BOX 918 | Address | P.O. BOX 918 |
| City-State-Zip: | DEVON PA 19333 | City-State-Zip: | DEVON PA 19333 |

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: LISA SAIA SALAMONE

MEMBER

08/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date