

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000099008

**Entity Name:** 1117 NE 12TH TERRACE, LLC

**Current Principal Place of Business:**

1117 NE 12TH TERRACE  
CAPE CORAL, FL 33915

**Current Mailing Address:**

PO BOX 153060  
CAPE CORAL, FL 33915 US

**FEI Number:** 47-5208105

**Certificate of Status Desired:** No

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

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PARKWAY  
SUITE C  
FORT MYERS, FL 33966 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                 | Title           | MGR                 |
| Name            | MITCHELL, DANNY P   | Name            | MITCHELL, MARGIE    |
| Address         | PO BOX 153060       | Address         | PO BOX 153060       |
| City-State-Zip: | CAPE CORAL FL 33915 | City-State-Zip: | CAPE CORAL FL 33915 |

*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:** MITCHELL , DANNY P

**MGR**

**04/06/2017**

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

\_\_\_\_\_  
Date