

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000144156

**Entity Name:** SFACS REAL ESTATE, LLC

**Current Principal Place of Business:**

18305 NW 75 PLACE  
HIALEAH, FL 33015

**Current Mailing Address:**

18305 NW 75 PLACE  
HIALEAH, FL 33015

**FEI Number:** 61-1847977

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AUTHORIZED MEMBER  
Name SOUTH FLORIDA AUTISM CENTER,  
INC.  
Address 18305 NW 75 PLACE  
City-State-Zip: HIALEAH FL 33015

*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:** GLENN PIERCE

CHAIRMAN

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date