

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000160335

**Entity Name:** 3740 N. UNIVERSITY DR. LLC

**Current Principal Place of Business:**

57 OCEAN VIEW AVE., APT B.  
SANTA BARBARA, CA 93103

**Current Mailing Address:**

P.O. BOX 780854  
ORLANDO, FL 32878 US

**FEI Number:** 81-3924594

**Certificate of Status Desired:** No

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

ADAMETZ, JESSE  
16325 BIRCHWOOD WAY  
ORLANDO, FL 32828 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 ADAMETZ, JESSE  
Address 57 OCEAN VIEW AVE., APT B.  
City-State-Zip: SANTA BARBARA CA 93103

*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:** JESSE ADAMETZ

MANAGER

01/22/2017

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

\_\_\_\_\_ Date