

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000175023

Entity Name: 111 HIGHLINE DR. LLC

Current Principal Place of Business:

111 HIGHLINE DR.
LONGWOOD, FL 32750

Current Mailing Address:

12666 ENCLAVE DR.
ORLANDO, FL 32837 US

FEI Number: 81-3939145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUOCCO, LUCA
12666 ENCLAVE DR.
ORLANDO, FL 32837 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 RUOCCO, LUCA
Address 12666 ENCLAVE DR.
City-State-Zip: ORLANDO FL 32837

Title AMBR
Name SAMUEL MATTHEW HILL
Address 132 OVEROAKS PL.
City-State-Zip: SANFORD FL 32771

Title AMBR
Name SNYDER, DOUG
Address 1030 W. AMELIA ST.
City-State-Zip: ORLANDO FL 32805

Title AMBR
Name NELSON, MATTHEW
Address 6301 TOPAZ CT.
City-State-Zip: FT. MYERS FL 33966

Title MR.
Name BOCK, JAMES
Address 111 HIGHLINE DR.
City-State-Zip: LONGWOOD FL 32750

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: LUCA RUOCCO

MANAGER

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date