

**2019 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

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date