

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000175632

**Entity Name:** 1117 FLAGLER AVENUE, LLC

**Current Principal Place of Business:**

8 BAMBOO TER  
KEY WEST, FL 33040

**Current Mailing Address:**

8 BAMBOO TER  
KEY WEST, FL 33040 US

**FEI Number:** 81-4203531

**Certificate of Status Desired:** No

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

HIGHSMITH & VAN LOON, P.A.  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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 KOENIG, PATRICK C  
Address 505 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name KOENIG, TIMOTHY J  
Address 505 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name PARSONS, MARY FRANCES  
Address 505 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** TIMOTHY J. KOENIG

MGR

03/01/2017

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

\_\_\_\_\_  
Date