

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000181545

Entity Name: 4469 TREEHOUSE LN E-9 LLC

Current Principal Place of Business:

4469 TREEHOUSE LANE
E-9
TAMARAC, FL 33319

Current Mailing Address:

4356 SW SAVONA BLVD
PORT SAINT LUCIE, FL 34953

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IRIS, GONZALEZ
4356 SW SAVONA BLVD
PORT SAINT LUCIE, FL 34953 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: IRIS GONZALEZ

01/31/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------------|-----------------|---------------------------|
| Title | PRESIDENT | Title | VICE PRESIDENT |
| Name | GONZALEZ, ERLYN | Name | GONZALEZ, IRIS |
| Address | 4356 SW SAVONA BLVD | Address | 4356 SW SAVONA BLVD |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 | City-State-Zip: | PORT SAINT LUCIE FL 34953 |
| | | | |
| Title | CHAIRMAN | | |
| Name | PORTILLO, STEPHANIE NORMA | | |
| Address | 19805 BILLINGS CT | | |
| City-State-Zip: | MONTGOMERY VILLAGE MD 20886 | | |

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: IRIS GONZALEZ

VICE PRESIDENT

01/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date