

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000006871

Entity Name: 4419 TREEHOUSE LANE #H, TAMARAC LLC

Current Principal Place of Business:

4419 TREEHOUSE LN
TAMARAC, FL 33319

Current Mailing Address:

PO BOX 25216
TAMARAC, FL 33320 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAOLA, CAREAGA
4419 TREEHOUSE LN
TAMARAC, FL 33319 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 CAREAGA, PAOLA
Address PO. BOX 25216
City-State-Zip: TAMARAC FL 33320

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: CAREAGA, PAOLA

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date