

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000006891

**FILED  
Apr 30, 2018  
Secretary of State  
CC9039966070**

**Entity Name:** 4507 TREEHOUSE LANE #D, TAMARAC LLC

**Current Principal Place of Business:**

4507 TREEHOUSE LANE  
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 A, CAREAGA  
4507 TREEHOUSE LANE  
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	Title	MGR
Name	CAREAGA, PAOLA	Name	CUELLAR, LUIS
Address	PO. BOX 25216	Address	PO. BOX 25216
City-State-Zip:	TAMARAC FL 33320	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