

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000025024

Entity Name: 519 E PARK AVE, LLC

Current Principal Place of Business:

519 E PARK AVE
TALLAHASSEE, FL 32301

Current Mailing Address:

519 E PARK AVE
TALLAHASSEE, FL 32301 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAUER, CASEY
519 E PARK AVE
TALLAHASSEE, FL 32301 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	AMBR	Title	AMBR
Name	LAUER, CASEY	Name	LAUER, BRITTANY
Address	519 E PARK AVE	Address	519 E PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

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: CASEY LAUER

OWNER

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date