

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000181982

**FILED**  
**Jun 28, 2018**  
**Secretary of State**  
**CC8810709703**

**Entity Name:** 1965 CORAL GARDENS LLC

**Current Principal Place of Business:**

1965 CORAL GARDENS  
WILTON MANORS, FL 33306

**Current Mailing Address:**

PO BOX 30548  
FT LAUDERDALE, FL 33303 US

**FEI Number:** 82-2834247

**Certificate of Status Desired:** No

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

ALVARADO, SAMUEL  
70 HENDRICKS ISLE  
UNIT 201  
FT LAUDERDALE, FL 33301 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 MBR  
Name MARTIN, CHRISTINE A  
Address 60 HENDRICKS ISLE UNIT 302  
City-State-Zip: FT LAUDERDALE FL 33301

Title MBR  
Name MARTIN, GUY  
Address 60 HENDRICKS ISLE UNIT 302  
City-State-Zip: FT LAUDERDALE FL 33301

Title MBR  
Name ALVARADO, RANDI  
Address 70 HENDRICKS ISLE UNIT 201  
City-State-Zip: FT LAUDERDALE FL 33301

Title MBR  
Name ALVARADO, SAMUEL  
Address 70 HENDRICKS ISLE UNIT 201  
City-State-Zip: FT LAUDERDALE FL 33301

Title MBR  
Name BECKER, DEBRA W  
Address 80 HENDRICKS ISLE UNIT 201  
City-State-Zip: FT LAUDERDALE FL 33301

Title MBR  
Name BECKER, RICHARD B  
Address 80 HENDRICKS ISLE #201  
City-State-Zip: FT LAUDERDALE FL 33301

*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:** RICHARD B. BECKER

**MEMBER**

**06/28/2018**

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

\_\_\_\_\_  
Date