

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000267487

**Entity Name:** 517 19TH ST CLF LLC

**Current Principal Place of Business:**

4285 NW 66 PL  
BOCA RATON, FL 33496

**Current Mailing Address:**

4285 NW 66 PL  
BOCA RATON, FL 33496 US

**FEI Number:** 83-2537025

**Certificate of Status Desired:** No

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

SALAMA, ERIC  
4285 NW 66 PL  
BOCA RATON, FL 33496 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 SALAMA, ERIC  
Address 4285 NW 66 PL  
City-State-Zip: BOCA RATON FL 33496

*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:** ERIC SALAMA

**MANAGER**

**03/12/2019**

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

\_\_\_\_\_  
Date