# 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.

MANAGER

SIGNATURE: BRADLEY J SCHRAM

Electronic Signature of Signing Authorized Person(s) Detail

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000018895

# Entity Name: SCHRAM FAMILY WEST LINE VILLAGE APARTMENTS LLC

## Current Principal Place of Business:

1054 MELALEUCA ROAD DELRAY BEACH, FL 33483

#### **Current Mailing Address:**

6785 TELEGRAPH RD SUITE 400 BLOOMFIELD HILLS, MI 48301 US

### FEI Number: 83-4047108

## Name and Address of Current Registered Agent:

SCHRAM, BRADLEY J 1054 MELALEUCA ROAD DELRAY BEACH, FL 33483 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

#### Authorized Person(s) Detail :

TitleMGRNameSCHRAM, BRADLEY JAddress1054 MELALEUCA ROADCity-State-Zip:DELRAY BEACH FL 33483

FILED Jan 31, 2024 Secretary of State 7217584632CC

Certificate of Status Desired: No

Date

01/31/2024 Date