# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRADLEY J SCHRAM

Electronic Signature of Signing Authorized Person(s) Detail

# 1054 MELALEUCA ROAD DELRAY BEACH. FL 33483

**Current Principal Place of Business:** 

## **Current Mailing Address:**

1054 MELALEUCA ROAD DELRAY BEACH. FL 33483

DOCUMENT# L19000018895

### 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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SCHRAM FAMILY WEST LINE VILLAGE APARTMENTS LLC

#### Authorized Person(s) Detail :

Title	MGR
Name	SCHRAM, BRADLEY J
Address	1054 MELALEUCA ROAD
City-State-Zip:	DELRAY BEACH FL 33483

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

MANAGER

01/30/2023

Date

FILED Jan 30, 2023 Secretary of State 2283242679CC

Certificate of Status Desired: No

Date