

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000001096

**Entity Name:** 7800 NE 2ND AVE, L.C.

**Current Principal Place of Business:**

419 W. 49TH ST. #106  
HIALEAH, FL 33012-3602

**Current Mailing Address:**

419 W. 49TH ST. #106  
HIALEAH, FL 33012-3602

**FEI Number:** 65-0704605

**Certificate of Status Desired:** No

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

REAL PROPERTY CARE, INC.  
419 W. 49TH ST. #106  
HIALEAH, FL 33012-3602 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 FISHER, RONALD P  
Address 419 W. 49TH ST. #106  
City-State-Zip: HIALEAH FL 33012-3602

Title MGR  
Name FISHER, JAMES Q  
Address 419 W. 49TH ST. #106  
City-State-Zip: HIALEAH FL 33012-3602

Title MGR  
Name FISHER, RICHARD J  
Address 419 W. 49TH ST. #106  
City-State-Zip: HIALEAH FL 33012-3602

*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:** JAMES Q FISHER

MGR

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date