## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001099

Entity Name: 7155 NW 2ND CT, L.C.

**Current Principal Place of Business:** 

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

**Current Mailing Address:** 

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

FEI Number: 65-0704598 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REAL PROPERTY CARE, INC. 419 W 49TH STREET, #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.

Title

MGR

**MGR** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 24, 2015

**Secretary of State** 

CC7786926650

Authorized Person(s) Detail:

Title MGR

Name FISHER, RONALD P Name FISHER, JAMES Q

Address 419 W 49TH STREET, #106 Address 419 W 49TH STREET, #106

City-State-Zip: HIALEAH FL 33012-3602 City-State-Zip: HIALEAH FL 33012-3602

Title MGR

Name FISHER, RICHARD J

Address 419 W 49TH STREET, #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

Electronic Signature of Signing Authorized Person(s) Detail

04/24/2015

Date