

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000001101

**Entity Name:** 35 NW 54TH ST, L.C.

**Current Principal Place of Business:**

1316 LEGENDARY LN  
MORRISVILLE, NC 27560

**Current Mailing Address:**

PO BOX 3807  
CARY, NC 27519 US

**FEI Number:** 65-0704447

**Certificate of Status Desired:** No

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

REAL PROPERTY CARE, INC.  
419 WEST 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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	FISHER, RONALD P	Name	FISHER, RICHARD J
Address	183 HASKET RD	Address	183 HASKET RD
City-State-Zip:	SYLVA NC 28779	City-State-Zip:	SYLVA NC 28779

*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: RONALD P FISHER**

**MANAGER**

**02/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date