

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004236

Entity Name: 19650 NE 18TH AVE LLC

Current Principal Place of Business:

1625 EYE STREET NW
WASHINGTON, DC 20006

Current Mailing Address:

1625 EYE STREET NW
WASHINGTON, DC 20006 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGING MEMBER
Name THE UNION LABOR LIFE INSURANCE
 COMPANY
Address 1625 EYE STREET NW
City-State-Zip: WASHINGTON DC 20006

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: THE UNION LABOR LIFE INSURANCE COMPANY

MANAGING MEMBER

04/10/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date