

**2015 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M10000004093

**Entity Name:** 491 NW BROKEN TRAIL LLC

**Current Principal Place of Business:**

95 MAIN STREET  
TUCKAHOE, NY 10707

**Current Mailing Address:**

95 MAIN STREET  
TUCKAHOE, NY 10707

**FEI Number:** 27-2873877

**Certificate of Status Desired:** No

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

LIBERATO, DIANE C  
4529 INDIAN OAK CT.  
JENSEN BEACH, FL 34957 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	MACDONALD, PHILLIS M	Name	MACDONALD, FRANK
Address	95 MAIN STREET	Address	95 MAIN STREET
City-State-Zip:	TUCKAHOE NY 10707	City-State-Zip:	TUCKAHOE NY 10707

Title AUTHORIZED REPRESENTATIVE  
Name VECCHIO, EUGENIA M  
Address EUGENIA M. VECCHIO & ASSOCIATES  
550 MAMARONECK AVENUE 210  
City-State-Zip: HARRISON NY 10528

*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:** FRANK MACDONALD

**MANAGING MEMBER**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date