## 2015 FOREIGN LIMITED LIABILITY COMPANY 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

FILED Jan 09, 2015

**Secretary of State** 

CC6183481838

Authorized Person(s) Detail:

Title MGR Title MGR

NameMACDONALD, PHILLIS MNameMACDONALD, FRANKAddress95 MAIN STREETAddress95 MAIN STREET

City-State-Zip: TUCKAHOE NY 10707 City-State-Zip: TUCKAHOE NY 10707

Title AUTHORIZED REPRESENTATIVE

Name VECCHIO, EUGENIA M

Address EUGENIA M. VECHIO & 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: EUGENIA M. VECCHIO, ESQ

AUTHORIZED REPRESENTATIVE 01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date