FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

APPROVED AND FILED 1997 MAR -3 PN 3: 25

	199	1	THE STATE OF THE S	DIVISION OF C	OHP	ORATIONS		SECRETAD	V SE crame	
FILING \$ 203.			\$100.00 + \$103.75 (T,	ALLAHAS!	RY OF STATE SEE. FLORIDA	
1. Name	and Mailing Add led Liability Cor		CUMENT							
1	616 ASS	SOCIATES,	L.C.				1a. Principal Pla	ce of Business	Address	
1	250 SQ.	MILITAF	RY TRAIL FL 33442		6				ARY TRAIL APT. I FL 33442	
			ine through incorrect		er corre	ection in Block 2a.				
2. Princip	al Place of Bus	ness	2a. Mailir	ng Address			3. Date Organize		3a. State of Formation	
Suite, Apt	#, etc.		Suite, Apl	.#, etc.			05/19/19 4. FEI Number	95	FL	
							4. FEI Number		Applied For	
City & Sta	te		City & Sta	ite			65-05749	76	Not Applicat	ole
Zιρ		Country	Zip	C	ountry	y	5. Date of Last F	Report	6. Certificate of Status Desire	ă
							05/01/19	96	58 75 Additional Fee Required	
	7. Name	and Address of C	urrent Registered	Agent			8. Name and Add	ress of New Re	gistered Agent	į
526 E	AST PAI		R, ED AGE E STE 200			Street Address (i	P.O. Box Number (s Not Acceptat	sle)	
۳										
-						City		FL	Zip Code	
its registe	red office or regi		h, in the State of Flor						ment for the purpose of changi s. I hereby accept the appointme	
SIGNATU	IRE	(Savueland Anant A	cepting Appointment) (N	IOTE Posistared Apost su	ocabute	required when reinclotin		DATE		
10. Title	Mar	naging Members/Ma				ss Street Address	8/	City	, State and Zip Code	
MGRM	WEBER,	GARY		1250 so.	M	LITARY	TRAIL AP	DEERFIE	ELD BEACH FL	
MGRM	WEBER,	ALLEN		2525 PALI	MEF	R AVENUE		NEW ROC	CHELLE NY	
							40	0002 -03/04 ****2	104114 /9701109015 03.75 ****203.7	ت د
									Forther certify that the information	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

411/19

Daytime Phone #

INHSE10 R(12-96)