## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020482

Entity Name: 4807-11 PONCE DE LEON, LLC

**Current Principal Place of Business:** 

C/O FRED M. SKOPP 540 BRICKELL KEY DR. SUITE 219

MIAMI, FL 33131

## **Current Mailing Address:**

C/O FRED M. SKOPP 540 BRICKELL KEY DR. SUITE 219 MIAMI, FL 33131 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LEVINE, ALAN WESQ 3350 MARY ST. MIAMI, FL 33133 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 24, 2017

**Secretary of State** 

CC1713333857

## Authorized Person(s) Detail:

Title MGR

SKOPP, FRED M Name

540 BRICKELL KEY DR. Address

**SUITE 219** 

MIAMI FL 33131 City-State-Zip:

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: FRED SKOPP **MGR** 01/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date