

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120352

**Entity Name:** 460 & 462 WEST BROOME, LLC

**Current Principal Place of Business:**

17531 CR 455  
MONTVERDE, FL 34756

**Current Mailing Address:**

P.O. BOX 560012  
MONTVERDE, FL 34756

**FEI Number:** 20-3993152

**Certificate of Status Desired:** No

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

ASMA, WILLIAM N  
884 S. DILLARD STREET  
WINTER GARDEN, FL 34787 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  
Name ARELLANO, JOHN  
Address P.O. BOX 560012  
City-State-Zip: MONTVERDE FL 34756

*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:** JOHN ARELLANO

**MANAGER**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date