

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120352

Entity Name: 460 & 462 WEST BROOME, LLC

Current Principal Place of Business:

17343 10TH STREET
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

MRG

04/01/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date