

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044827

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC6452107194**

**Entity Name:** LTD LLC

**Current Principal Place of Business:**

888 SE 3RD AVENUE  
SUITE 501  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

PO BOX 292037  
DAVIE, FL 33329 US

**FEI Number:** 65-0880455

**Certificate of Status Desired:** No

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

FORMAN, H. COLLINS JR.  
1323 S.E. THIRD AVE.  
FT. LAUDERDALE, FL 33316 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	Title	MGR
Name	FORMAN, M. AUSTIN	Name	FORMAN, CHARLES R
Address	888 SE THIRD AVENUE, SUITE 501	Address	888 SE THIRD AVENUE, SUITE 501
City-State-Zip:	FT. LAUDERDALE FL 33316	City-State-Zip:	FT. LAUDERDALE FL 33316

*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:** M. AUSTIN FORMAN

**MANAGER**

**01/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date