## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112852

Entity Name: 7731, LLC

**Current Principal Place of Business:** 

7731 OLD FLORAL CITY ROAD FLORAL CITY. FL 34436

**Current Mailing Address:** 

P.O. BOX 590

FLORAL CITY. FL 34436 US

FEI Number: 32-0221276 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCA MANAGEMENT, LLC 7702 S. SHOREACRES PT FLORAL CITY, FL 34436 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: STEPHEN ABRAMS 04/22/2019

Electronic Signature of Registered Agent

Date

**FILED** Apr 22, 2019

**Secretary of State** 

4657907318CC

Authorized Person(s) Detail:

Title MANAGING MEMBER Title AUTHORIZED MEMBER SCA MANAGEMENT, LLC Name ABRAMS, STEPHEN C Name

7702 S SHOREACRES PT. Address P.O. BOX 590 Address

City-State-Zip: FLORAL CITY FL 34436 City-State-Zip: FLORAL CITY FL 34436

Title **AUTHORIZED MEMBER** Name WALKER, SHARON Address P.O. BOX 590

City-State-Zip: FLORAL CITY FL 34436

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: STEPHEN ABRAMS

MANAGING MEMBER

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date