

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102493

**Entity Name:** UNIT 17 7315 BYRON AVE, LLC

**Current Principal Place of Business:**

473 PINE TREE COURT  
ATLANTIS, FL 33462

**Current Mailing Address:**

473 PINE TREE COURT  
ATLANTIS, FL 33462 US

**FEI Number:** 26-3648655

**Certificate of Status Desired:** No

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

HOWELL, SCOTT W  
473 PINE TREE COURT  
ATLANTIS, FL 33462 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	MRS.	Title	MR.
Name	TROY, TAMARA	Name	HOWELL, SCOTT
Address	473 PINE TREE COURT	Address	473 PINE TREE COURT
City-State-Zip:	ATLANTIS FL 33462	City-State-Zip:	ATLANTIS FL 33462

*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:** SCOTT HOWELL

**MGR**

**05/12/2019**

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

\_\_\_\_\_  
Date