

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102501

**Entity Name:** UNIT 16 7315 BYRON AVE, LLC

**Current Principal Place of Business:**

5001 FOREST DALE DRIVE  
WELLINGTON, FL 33449

**Current Mailing Address:**

5001 FOREST DALE DRIVE  
WELLINGTON, FL 33449 US

**FEI Number: 26-3648714**

**Certificate of Status Desired: No**

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

HOWELL, SCOTT W  
5001 FOREST DALE DRIVE  
WELLINGTON, FL 33449 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.  
Name            TROY, TAMARA  
Address        5001 FOREST DALE DRIVE  
City-State-Zip: WELLINGTON FL 33449

Title            MR.  
Name            HOWELL, SCOTT  
Address        5001 FOREST DALE DRIVE  
City-State-Zip: WELLINGTON FL 33449

*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**

**MEMBER**

**04/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date