

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000017361

**Entity Name:** ESSEX HUD, LLC

**Current Principal Place of Business:**

415 SYCAMORE STREET  
CELEBRATION, FL 34747

**Current Mailing Address:**

415 SYCAMORE STREET  
CELEBRATION, FL 34747 US

**FEI Number:** 27-4862724

**Certificate of Status Desired:** No

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

ORTEGA GRASSO, CARINA  
415 SYCAMORE STREET  
CELEBRATION, FL 34747 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 MGRM  
Name ORTEGA GRASSO, CARINA  
Address 415 SYCAMORE STREET  
City-State-Zip: CELEBRATION FL 34747

Title MGRM  
Name GRASSO, LOUIS III  
Address 415 SYCAMORE STREET  
City-State-Zip: CELEBRATION FL 34747

Title MGRM  
Name GRASSO, DAVID J  
Address 619 FRONT STREET  
APT 3202  
City-State-Zip: CELEBRATION FL 34747

*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:** CARINA ORTEGA GRASSO

MGRM

01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date