

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036028

**Entity Name:** HARBOR VIEW ESTATES, LLC

**Current Principal Place of Business:**

185 N.E. 4TH AAVE., SUITE 104  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

185 N.E. 4TH AAVE., SUITE 104  
DELRAY BEACH, FL 33483

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name LAUDANI, THOMAS D  
Address 185 NE 4TH AVE #104  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name NICHOLAS, NICHOLAS G  
Address % PASCO INC., 79 S. 23 STREET  
City-State-Zip: PITTSBURGH PA 15203

Title MGR  
Name PATRINOS, DEMETRIOS T  
Address % PASCO INC., 79 S. 23 STREET  
City-State-Zip: PITTSBURGH PA 15203

*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:** THOMAS LAUDANI

MGR

03/03/2016

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

\_\_\_\_\_  
Date