

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000102502

Entity Name: MARIA MENDELSON LLC

Current Principal Place of Business:

505 OAK SHADOW WAY
WELLINGTON, FL 33414

Current Mailing Address:

505 OAK SHADOW WAY
WELLINGTON, FL 33414 US

FEI Number: 45-3179688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDELSON, JOY MARIA
505 OAK SHADOW WAY
WELLINGTON, FL 33414 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 MENDELSON, JOY MARIA
Address 505 OAK SHADOW WAY
City-State-Zip: WELLINGTON FL 33414

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: JOY MARIA MENDELSON

MANAGER

04/01/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date