

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108172

**Entity Name:** UNIT 1-205, LLC

**Current Principal Place of Business:**

2494 S OCEAN BLVD  
G-1  
BOCA RATON, FL 33432

**FILED**  
**Jan 19, 2016**  
**Secretary of State**  
**CC4664335160**

**Current Mailing Address:**

P.O. BOX 36  
COLTS NECK, NJ 07722 US

**FEI Number: 45-3356537**

**Certificate of Status Desired: No**

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

MONELLO, MARIO  
2494 S OCEAN BLVD  
G-1  
BOCA RATON, FL 33432 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 MONELLO, MARIO  
Address 2494 S OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33432

*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: MARIO MONELLO**

**MANAGING MEMBER**

**01/19/2016**

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

\_\_\_\_\_  
Date