

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000021442

**Entity Name:** 319 SW 15 ST, LLC

**Current Principal Place of Business:**

2014 NE 15TH AVE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

2014 NE 15TH AVE  
WILTON MANORS, FL 33305

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AUTENZIO, RICHARD E  
2014 NE 15TH AVE  
WILTON MANORS, FL 33305 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	Title	MGRM
Name	AUTENZIO, RICHARD E	Name	AUTENZIO, MICHELE C
Address	2014 NE 15TH AVE	Address	2014 NE 15TH AVE
City-State-Zip:	WILTON MANORS FL 33305	City-State-Zip:	WILTON MANORS FL 33305

*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:** MICHELE C AUTENZIO

**MGRM**

**01/15/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date