

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000045610

**Entity Name:** 1781/89 LLC

**Current Principal Place of Business:**

2075 N. WICKHAM RD.  
MELBOURNE, FL 32935

**Current Mailing Address:**

2075 N. WICKHAM RD.  
MELBOURNE, FL 32935 US

**FEI Number:** 45-4956102

**Certificate of Status Desired:** No

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

CLEVELAND, RAOUL  
2075 N. WICKHAM RD.  
MELBOURNE, FL 32935 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:** RAOUL CLEVELAND

04/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            CLEVELAND, RAOUL  
Address        2075 N. WICKHAM RD.  
City-State-Zip: MELBOURNE FL 32935

Title            AMBR  
Name            PETER B ROCHESTER REVTR  
Address        2075 N. WICKHAM RD.  
City-State-Zip: MELBOURNE FL 32935

Title            AMBR  
Name            LAURA B ROCHESTER REVTR  
Address        2075 N. WICKHAM RD.  
City-State-Zip: MELBOURNE FL 32935

Title            AMBR  
Name            RAOUL, CLEVELAND  
Address        2075 N. WICKHAM RD.  
City-State-Zip: MELBOURNE FL 32935

*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:** RAOUL CLEVELAND

PREIDENT

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date