

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116349

**Entity Name:** 1247 ELLIPSE, LLC

**Current Principal Place of Business:**

3 TANNERY BROOK ROW APT 8  
SOMERVILLE, MA 02144

**Current Mailing Address:**

3 TANNERY BROOK ROW APT 8  
SOMERVILLE, MA 02144 US

**FEI Number:** 46-0980824

**Certificate of Status Desired:** No

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

SCHOENFELD, LOWELL S  
1380 ROYAL PALM SQUARE BLVD.  
FORT MYERS, FL 33919 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:** LOWELL S. SCHOENFELD

04/09/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOWES, JASON  
Address 3 TANNERY BROOK ROW APT 8  
City-State-Zip: SOMERVILLE MA 02144

*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:** JASON HOWES

MGR

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date