

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106225

**Entity Name:** 644 ARBOR LAKE, LLC

**Current Principal Place of Business:**

1715 W. CLEVELAND ST.  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 1031  
TAMPA, FL 33601

**FEI Number:** 90-1007830

**Certificate of Status Desired:** No

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

MYERS, MATT C ESQ.  
1715 W. CLEVELAND ST.  
TAMPA, FL 33606 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           MANAGER  
Name           SOROORY SHIELDS, LLC  
Address        P.O. BOX 1031  
City-State-Zip: TAMPA FL 33601

*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:** AFSHIN SOROORY

MGR

04/06/2018

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

\_\_\_\_\_ Date