

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000015108

**Entity Name:** 1500 COPANS ROW A1, LLC

**Current Principal Place of Business:**

2817 E OAKLAND PARK BLVD  
SUITE 201-A  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

2817 E OAKLAND PARK BLVD  
SUITE 201-A  
FORT LAUDERDALE, FL 33306

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEONARD, C GLENN  
2817 E OAKLAND PARK BLVD  
SUITE 201-A  
FORT LAUDERDALE, FL 33306 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  
Name LEONARD, C GLENN  
Address 2817 E OAKLAND PARK BLVD, SUITE  
201-A  
City-State-Zip: FORT LAUDERDALE FL 33306

Title AR  
Name LEONARD, RETA B  
Address 2817 E OAKLAND PARK BLVD, SUITE  
201-A  
City-State-Zip: FORT LAUDERDALE FL 33306

*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:** C GLENN LEONARD

MGR

04/03/2015

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

\_\_\_\_\_  
Date