**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 22, 2019**
**Secretary of State**
**4398263655CC**

DOCUMENT# L14000170174

**Entity Name:** ENIDE METHELLUS LLC

**Current Principal Place of Business:**

1607 QUAL LAKE DRIVE
C109
W. PALM BEACH, FL 33409

**Current Mailing Address:**

1607 QUAL LAKE DRIVE
C109
W. PALM BEACH, FL 33409

**FEI Number: 47-2220459**

**Certificate of Status Desired:** No

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

METHELLUS, ENIDE
1607 QUAL LAKE DRIVE
C109
W. PALM BEACH, FL 33409 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 | METHELLUS, ENIDE |
| Address | 1607 QUAL LAKE DRIVE APT-C109 |
| City-State-Zip: | W. PALM BEACH FL 33409 |

*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: ENIDE METHELLUS MGR 04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date