

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000041947

**Entity Name:** NORTH OCEAN APT 503, LLC

**Current Principal Place of Business:**

3200 N. OCEAN BOULEVARD  
APT. 503  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3200 N. OCEAN BOULEVARD  
APT. 503  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 47-4176424

**Certificate of Status Desired:** No

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

ANTICO, AUGUSTUS  
3200 N. OCEAN BOULEVARD  
APT. 503  
FORT LAUDERDALE, FL 33308 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            AMBR  
Name            ANTICO, AUGUSTUS  
Address        3200 N. OCEAN BOULEVARD, APT.  
                  503  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            AMBR  
Name            ANTICO, JOSEPHINE  
Address        3200 N. OCEAN BOULEVARD, APT.  
                  503  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** AUGUSTUS ANTICO

**MEMBER**

**03/09/2018**

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

\_\_\_\_\_  
Date