## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000073194

Entity Name: UTOPIA LIVING LLC

**Current Principal Place of Business:** 

8036 DELAWARE AVE JACKSONVILLE, FL 32208

**Current Mailing Address:** 

8036 DELAWARE AVE JACKSONVILLE. FL 32209 US

FEI Number: 47-3410005 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORTES, PATRICIA D 5727 CEDAR PARK LANE JACKSONVILLE, FL 32210 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: PATRICIA FORTES 01/14/2017

Electronic Signature of Registered Agent

Date

FILED Jan 14, 2017

**Secretary of State** 

CC5985347286

## Authorized Person(s) Detail:

Title MGR

Name FORTES, PATRICIA D
Address 8036 DELAWARE AVE
City-State-Zip: JACKSONVILLE FL 32209

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: PATRICIA FORTES

MGR

01/14/2017