

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000087824

**Entity Name:** 539 34 COURT, LLC

**Current Principal Place of Business:**

10311 N LAKE VISTA CIRCLE  
DAVIE, FL 33328

**Current Mailing Address:**

10311 N LAKE VISTA CIRCLE  
DAVIE, FL 33328 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PASCAL, MANUEL J TRUSTEE  
10311 N LAKE VISTA CIRCLE  
DAVIE, FL 33328 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 MGRM  
Name MANUEL PASCAL LIVING TRUST DTD  
04/20/15  
Address 10311 N LAKE VISTA CIRCLE  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name BARBARA PASCAL LIVING TRUST  
DTD 04/20/15  
Address 10311 N LAKE VISTA CIRCLE  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name MANUEL PASCAL LIVING TRUST DTD  
04/20/15  
Address 10311 N LAKE VISTA CIRCLE  
City-State-Zip: DAVIE FL 33328

Title MGRM  
Name BARBARA PASCAL LIVING TRUST  
DTD 04/20/15  
Address 10311 N LAKE VISTA CIRCLE  
City-State-Zip: DAVIE FL 33328

*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:** MANUEL J PASCAL

**MGRM**

**04/17/2017**

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

\_\_\_\_\_  
Date