# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000198874

Entity Name: 505 MAIN STREET, LLC

## **Current Principal Place of Business:**

4688 S ATLANTIC AVE PONCE INLET. FL 32127

## **Current Mailing Address:**

4688 S ATLANTIC AVE PONCE INLET. FL 32127 US

# **FEI Number: NOT APPLICABLE**

# Name and Address of Current Registered Agent:

TABAKCI RECEL, PINAR 4688 S ATLANTIC AVE PONCE INLET, FL 32127 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: PINAR TABAKCI RECEL

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGRM
Name	RECEL, PINAR TABAKCI
Address	4688 S ATLANTIC AVE
City-State-Zip:	PONCE INLET FL 32127

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: PINAR TABAKCI RECEL

MGRM

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

# FILED May 01, 2019 Secretary of State 5526292779CC

Certificate of Status Desired: No

05/01/2019 Date

Date