

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000000831

Entity Name: 2417-19 GARFIELD ST, LLC**Current Principal Place of Business:**241 4TH ST
KEY COLONY BEACH, FL 33051**Current Mailing Address:**PO BOX 510293
KEY COLONY BEACH, FL 33051 US**FEI Number:** 47-4269080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARIE AND STEVE FLOOD, LLC
241 4TH ST
KEY COLONY BEACH, FL 33051 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:** MARIE H FLOOD

03/15/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MARIE AND STEVE FLOOD, LLC
Address PO BOX 510293
City-State-Zip: KEY COLONY BEACH FL 33051

Title AMBR
Name FLOOD, MARIE H
Address PO BOX 510293
City-State-Zip: KEY COLONY BEACH FL 33051

Title AMBR
Name FLOOD, STEVEN P
Address PO BOX 510293
City-State-Zip: KEY COLONY BEACH FL 33051

Title MBR
Name FLOOD, STEVEN P JR
Address 1600 S QUEBEC WAY
#11
City-State-Zip: DENVER CO 80231

Title MBR
Name FLOOD, THERESE S
Address 4901 SHOREVIEW CT
City-State-Zip: PORT RICHEY FL 34668

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: MARIE FLOOD

MANAGING MEMBER

03/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date