

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000001794

**Entity Name:** 630 SW 20 CT, LLC.

**Current Principal Place of Business:**

500 DAVIS RD  
28  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

P. O. BOX 18052  
WEST PALM BEACH, FL 33416 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** Yes

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

BAPTISTE, AMOS  
500 DAVIS RD  
28  
PALM SPRINGS, FL 33461 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 MGR  
Name BAPTISTE, AMOS  
Address P.O.BOX 18052  
City-State-Zip: WEST PALM BEACH FL 33416

*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: AMOS BAPTISTE**

**MGR**

**06/28/2017**

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

\_\_\_\_\_  
Date