

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000054963

**Entity Name:** 1500 CORAL RIDGE ISLES, LLC

**Current Principal Place of Business:**

1500 NE 50TH CT  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

PO BOX 810123  
BOCA RATON, FL 33481 US

**FEI Number:** 81-2149823

**Certificate of Status Desired:** No

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

BADER, STEVEN  
265 NE 2ND AVE  
DELRAY BEACH, FL 33444 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                 | Title           | AMBR                |
| Name            | BADER, STEVEN       | Name            | BADER, HALLIE       |
| Address         | PO BOX 810123       | Address         | PO BOX 810123       |
| City-State-Zip: | BOCA RATON FL 33481 | City-State-Zip: | BOCA RATON FL 33481 |

*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:** STEVEN BADER

MGR

01/31/2018

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

\_\_\_\_\_  
Date