

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000134626

**Entity Name:** EUCLID CIRCLE II, LLC

**Current Principal Place of Business:**

1091-85TH TERRACE N  
UNIT D  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

1091-85TH TERRACE N  
UNIT D  
ST PETERSBURG, FL 33702 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

REISSMAN, MARSHALL G  
5150 CENTRAL AVENUE  
ST PETERSBURG, FL 33707 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 DROBONIKU, MARTHA  
Address 1091-85TH TERRACE N  
City-State-Zip: ST PETERSBURG FL 33702

*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:** DROBONIKU , MARTHA

**GENERAL MANAGER**

**02/28/2017**

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

\_\_\_\_\_  
Date