

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000181191

**Entity Name:** SLATEN & ASSOCIATES LLC

**Current Principal Place of Business:**

1700 MEETING PL  
APT 116  
ORLANDO, FL 32814

**Current Mailing Address:**

1700 MEETING PL  
APT 116  
ORLANDO, FL 32814 US

**FEI Number:** 81-3996225

**Certificate of Status Desired:** No

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

SLATEN, DAVID M  
1700 MEETING PL  
APT 116  
ORLANDO, FL 32814 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            AMBR  
Name            SLATEN, DAVID M  
Address        1700 MEETING PL, APT 116  
City-State-Zip: ORLANDO FL 32814

*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:** DAVID SLATEN

**MEMBER**

**03/11/2018**

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

\_\_\_\_\_  
Date