

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000029715

Entity Name: KOPELSON FL FLIP, LLC

Current Principal Place of Business:

733 PASTURE STREET
THE VILLAGES, FL 32163

Current Mailing Address:

733 PASTURE STREET
THE VILLAGES, FL 32163

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOPELSON, SHELDON
733 PASTURE STREET
THE VILLAGES, FL 32163 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 KOPELSON, SHELDON
Address 733 PASTURE STREET
City-State-Zip: THE VILLAGES FL 32163

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: SHELDON KOPELSON

RA

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date