

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000149130

**Entity Name:** ROOM 412 LLC

**Current Principal Place of Business:**

649 TORGIANO DR  
OCOEE, FL 34761

**Current Mailing Address:**

649 TORGIANO DR  
OCOEE, FL 34761

**FEI Number: 82-2139048**

**Certificate of Status Desired: No**

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

WISDOM, CHRISTOPHER M  
649 TORGIANO DR  
OCOEE, FL 34761 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 AP  
Name WISDOM, CHRISTOPHER M  
Address 649 TORGIANO DRIVE  
City-State-Zip: OCOEE FL 34761

Title AP  
Name PICKERING, MICHAEL L  
Address 440 2ND AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title MGR  
Name BEEDE, JASON M  
Address 1024 MARGRET STREET  
City-State-Zip: KEY WEST FL 33040

*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: CHRISTOPHER WISDOM**

**AP**

**04/13/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date