

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259156

**Entity Name:** 4501 NW 6TH LLC

**Current Principal Place of Business:**

1630 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32603

**Current Mailing Address:**

1630 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32603

**FEI Number:** 85-3800051

**Certificate of Status Desired:** No

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

FAUST, RALEIGH  
1630 WEST UNIVERSITY AVENUE  
GAINESVILLE, FL 32603 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 FAUST, RALEIGH  
Address 1630 WEST UNIVERSITY AVENUE  
City-State-Zip: GAINESVILLE FL 32603

*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:** RALEIGH FAUST

MGR

05/01/2019

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

\_\_\_\_\_  
Date