

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000095731

Entity Name: MACLURE ARBOR LLC

Current Principal Place of Business:

1819 GOODWIN ST.
JACKSONVILLE, FL 32204

Current Mailing Address:

1819 GOODWIN ST.
JACKSONVILLE, FL 32204 US

FEI Number: 83-0929969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEESER, ALEXANDER M
1819 GOODWIN ST.
JACKSONVILLE, FL 32204 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 LEESER, ALEXANDER M
Address 1819 GOODWIN ST.
City-State-Zip: JACKSONVILLE FL 32204

Title MGR
Name LEESER, WILLIAM
Address 638 N 40TH ST.
City-State-Zip: PHILADELPHIA PA 19104

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: WILLIAM LEESER

MGR

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date