

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000203410

**Entity Name:** 13790 TREELINE AVE, LLC

**Current Principal Place of Business:**

13790 TREELINE AVE, LLC  
UNIT 1-3  
FORT MYERS, FL 33913

**Current Mailing Address:**

13790 TREELINE AVE, LLC  
UNIT 1-3  
FORT MYERS, FL 33913 US

**FEI Number:** 83-1693005

**Certificate of Status Desired:** No

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

KAGAN, STEPHEN R  
8191 COLLEGE PKWY  
SUITE 303  
FORT MYERS, FL 33919 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 OLSSON, HANS  
Address 13790 TREELINE AVE, UNIT 1-3  
City-State-Zip: FORT MYERS FL 33913

Title AMBR  
Name JOINER, ROBERT  
Address 13790 TREELINE AVE, UNIT 1-3  
City-State-Zip: FORT MYERS FL 33913

Title AMBR  
Name ALVEREZ, ERNESTO  
Address 13790 TREELINE AVE, UNIT 1-3  
City-State-Zip: FORT MYERS FL 33913

*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:** HANS OLSSON

**MGR**

**02/08/2019**

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

\_\_\_\_\_  
Date