

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001100

Entity Name: 6145 NW 7TH AVE, L.C.

Current Principal Place of Business:

419 WEST 49TH STREET, #106
HIALEAH, FL 33012-3602

Current Mailing Address:

419 WEST 49TH STREET, #106
HIALEAH, FL 33012-3602

FEI Number: 65-0704580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REAL PROPERTY CARE, INC.
419 WEST 49TH STREET, #106
HIALEAH, FL 33012-3602 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 FISHER, RONALD P
Address 419 WEST 49TH STREET, #106
City-State-Zip: HIALEAH FL 33012-3602

Title MGR
Name FISHER, JAMES Q
Address 419 WEST 49TH STREET, #106
City-State-Zip: HIALEAH FL 33012-3602

Title MGR
Name FISHER, RICHARD J
Address 419 WEST 49TH STREET, #106
City-State-Zip: HIALEAH FL 33012-3602

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: JAMES Q FISHER

MGR

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date