

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002379

**Entity Name:** PHALAENOPSIS 118, L.C.

**Current Principal Place of Business:**

3480 TALLEVAST RD  
SARASOTA, FL 34243

**Current Mailing Address:**

3480 TALLEVAST RD  
SARASOTA, FL 34243

**FEI Number:** 65-0874643

**Certificate of Status Desired:** No

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

SHOAF, MARGARET CPA  
46 N WASHINGTON BLVD  
# 29  
SARASOTA, FL 34236 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                      | Title           | MGR                 |
| Name            | MYERS, TROY HJR.         | Name            | ROMERO, RAFAEL A    |
| Address         | 2033 MAIN ST., SUITE 600 | Address         | 3480 TALLEVAST ROAD |
| City-State-Zip: | SARASOTA FL 34237        | City-State-Zip: | SARASOTA FL 34243   |

*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:** RAFAEL A ROMERO

**MANAGER**

**04/06/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date