

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008483

**Entity Name:** 5597 FLAGLER, L.L.C.

**Current Principal Place of Business:**

5601 W. FLAGLER ST.  
MIAMI, FL 33134

**Current Mailing Address:**

5601 W. FLAGLER ST.  
MIAMI, FL 33134

**FEI Number:** 65-1054995

**Certificate of Status Desired:** No

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

BOLUFE, RAUL L  
5601 W. FLAGLER ST.  
MIAMI, FL 33134 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 BOLUFE, RAUL L  
Address 5601 W. FLAGLER ST.  
City-State-Zip: MIAMI FL 33126

*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:** RAUL BOLUFE

**MANAGER/OWNER**

**02/25/2015**

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

\_\_\_\_\_  
Date