

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006491

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC4425415240**

**Entity Name:** DEZER DEVELOPMENT, LLC

**Current Principal Place of Business:**

18001 COLLINS AVE  
31ST FLOOR  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18001 COLLINS AVE  
31ST FLOOR  
SUNNY ISLES, FL 33160

**FEI Number:** 02-0625389

**Certificate of Status Desired:** No

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

STAMM, WARREN J  
18001 COLLINS AVE  
31ST FLOOR  
SUNNY ISLES, FL 33160 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 MGRM  
Name DEZER, MICHAEL  
Address 89 FIFTH AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10003

Title MGRM  
Name DEZERTZOV, NEOMI  
Address 89 FIFTH AVENUE, 11TH FLOOR  
City-State-Zip: NEW YORK NY 10003

Title MGRM  
Name DEZER, GIL  
Address 18001 COLLINS AVE  
City-State-Zip: SUNNY ISLES FL 33160

*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:** GIL DEZER

**MGR**

**02/06/2014**

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

\_\_\_\_\_  
Date