

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017042

**Entity Name:** CHARLESTON CENTER, LLC

**Current Principal Place of Business:**

21396 MARINA COVE CIR  
J15  
AVENTURA, FL 33180

**Current Mailing Address:**

PO BOX 611627  
NORTH MIAMI, FL 33261

**FEI Number:** 02-0635632

**Certificate of Status Desired:** No

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

MONTECALVO, MARIO J  
16001 COLLINS AVE  
405  
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 MONTECALVO, MARIO J  
Address 16001 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH 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:** MARIO MONTECALVO

**MANAGER**

**02/12/2015**

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

\_\_\_\_\_  
Date