

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