# 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: CLAIRE CALLEN

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

02/12/2016

Date

## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009971

Entity Name: CALLEN COMPANY, LLC

#### Current Principal Place of Business:

605 LINCOLN ROAD #320 MIAMI BEACH, FL 33139

#### **Current Mailing Address:**

605 LINCOLN ROAD #320 MIAMI BEACH, FL 33139 US

#### FEI Number: 20-0878450

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

CALLEN, CLAIRE 605 LINCOLN ROAD #320 MIAMI BEACH, FL 33139 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	CLAIRE CALLEN			02/12/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	CALLEN, NICOLE	Name	CALLEN, CLAIRE	
Address	605 LINCOLN ROAD #320	Address	605 LINCOLN ROAD #320	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	

### FILED Feb 12, 2016 Secretary of State CC7266857296

Certificate of Status Desired: No

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