

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010127

**Entity Name:** AVILES FAMILY COMPANY, LLC

**Current Principal Place of Business:**

5555 COLLINS AVENUE  
APARTMENT 15-B  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

PO BOX 558990  
MIAMI, FL 33255 US

**FEI Number:** 52-2440307

**Certificate of Status Desired:** No

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

HERNANDEZ, MARK M.D.  
5555 COLLINS AVENUE  
APARTMENT 15-B  
MIAMI BEACH, FL 33140 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 HERNANDEZ, MERCEDES  
Address 5521 SOUTHWEST 147TH COURT  
City-State-Zip: MIAMI FL 33185

Title MGRM  
Name HERNANDEZ, MARK M.D.  
Address PO BOX 558990  
City-State-Zip: MIAMI FL 33255

*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:** MARK HERNANDEZ

**PARTNER**

**02/18/2017**

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

\_\_\_\_\_  
Date