

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023337

**Entity Name:** OOPABABY, LLC

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD  
FIFTH FLOOR  
MIAMI, FL 33134

**Current Mailing Address:**

PO BOX 6658  
C/O SCHECKNER  
MIAMI, FL 33256 US

**FEI Number:** 74-3119137

**Certificate of Status Desired:** No

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

SCHECKNER, MARTIN L  
2525 PONCE DE LEON BLVD  
FIFTH FLOOR  
MIAMI, FL 33134 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 ABREU, AMY H  
Address PO BOX 6658 C/O SCHECKNER  
City-State-Zip: MIAMI FL 33256

*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:** AMY ABREU

MGRM

04/27/2015

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

\_\_\_\_\_  
Date