

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038849

**Entity Name:** BOX STUART 24, LLC

**Current Principal Place of Business:**

5559 S UNIVERSITY DR. STE 306  
DAVIE, FL 33328

**Current Mailing Address:**

5559 S UNIVERSITY DR. STE 306  
DAVIE, FL 33328 US

**FEI Number:** 76-0760313

**Certificate of Status Desired:** No

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

CHEDIAK, MIRTA  
5559 S UNIVERSITY DR. STE 306  
DAVIE, FL 33328 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 MGR  
Name CIRICI, FRANCISCO  
Address 11325 NW 66 ST.  
City-State-Zip: MIAMI FL 33178

*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:** FRANCISCO CIRICI

MGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date