

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044747

Entity Name: 10871 WAREHOUSE, LLC**Current Principal Place of Business:**2600 S DOUGLAS ROAD
SUITE 501
CORAL GABLES, FL 33134**Current Mailing Address:**2600 S DOUGLAS ROAD
SUITE 501
CORAL GABLES, FL 33134 US**FEI Number:** 20-1289780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDEZ, EDUARDO
2600 S DOUGLAS ROAD
SUITE 501
CORAL GABLES, 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 MGR
Name GARCIA-TUNON, GUILLERMO F
Address 4800 SW 74 COURT
City-State-Zip: MIAMI FL 33155Title MGR
Name GARCIA-TUNON, GUILLERMO R
Address 4800 SW 74 COURT
City-State-Zip: MIAMI FL 33155Title MGR
Name GARCIA-TUNON, JOSE J
Address 4800 SW 74 COURT
City-State-Zip: MIAMI FL 33155Title MGR
Name GARCIA-TUNON, MANUEL R
Address 4800 SW 74 COURT
City-State-Zip: MIAMI FL 33155Title MGR
Name MENDEZ, EDUARDO J
Address 5440 S.W. 133RD COURT
City-State-Zip: MIAMI FL 33175-6149Title MGR
Name MENDEZ, EDUARDO
Address 2600 S DOUGLAS ROAD, SUITE 501
City-State-Zip: CORAL GABLES FL 33134

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: EDUARDO J MENDEZ**MANAGER****04/28/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date