

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000055614

**Entity Name:** MIP LOUISE, LLC

**Current Principal Place of Business:**

2952 LOUISE STREET  
MIAMI, FL 33133

**Current Mailing Address:**

2931 LOUISE STREET  
MIAMI, FL 33133

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MORRIS, AARON M  
2931 LOUISE STREET  
COCONUT GROVE, FL 33133 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 MIP MANAGEMENT LLC  
Address 2931 LOUISE STREET  
City-State-Zip: COCONUT GROVE FL 33133-3733

*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:** AARON M MORRIS

MANAGING PARTNER

04/10/2016

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

\_\_\_\_\_ Date