

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023426

**Entity Name:** ELMOFOREST, L.L.C.

**Current Principal Place of Business:**

255 GALEN DRIVE  
3G  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

2655 S. LEJEUNE ROAD  
PH1-C  
CORAL GABLES,, FL 33134

**FEI Number:** 26-0767127

**Certificate of Status Desired:** No

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

ALVAREZ, GASTON RESQ  
2655 S LE JEUNE RD  
STE PH-1C  
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 MGRM  
Name PAHLA, ARMANDO  
Address 255 GALEN DRIVE, UNIT 3G  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** ARMANDO PAHLA

**MANAGER**

**04/21/2015**

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

\_\_\_\_\_  
Date