

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081047

**Entity Name:** AV 827, LLC

**Current Principal Place of Business:**

1120 S POWERLINE RD C/O CHARM CONSULTING  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

P.O. BOX 237  
4474 WESTON ROAD  
DAVIE, FL 33331

**FEI Number:** 20-5077591

**Certificate of Status Desired:** No

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

CHARM CONSULTING, LLC  
1825 MAIN STREET C/O CHARM CONSULTING  
WESTON, FL 33326 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 CRENENTE, CRINCOLI  
Address 1120 S POWERLINE RD C/O CHARM  
CONSULTING  
City-State-Zip: POMPANO BEACH FL 33069

Title MGRM  
Name BASILE, MARGHERITA  
Address 1120 S POWERLINE RD C/O CHARM  
CONSULTING  
City-State-Zip: POMPANO BEACH FL 33069

*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:** CRENENTE , CRINCOLI

MGMR

04/29/2014

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

\_\_\_\_\_  
Date