

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059314

**Entity Name:** NORTH ANDREW, LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DR  
SUITE 1504  
MIAMI, FL 33131

**Current Mailing Address:**

C/O MARCELL FELIPE 1001 BRICKELL BAY DR  
SUITE 1504  
MIAMI, FL 33131 US

**FEI Number:** 20-5021077

**Certificate of Status Desired:** No

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

MARCELL FELIPE PA  
1001 BRICKELL BAY DR  
SUITE 1504  
MIAMI, FL 33131 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            LACK, GRAEME R  
Address        1001 BRICKELL BAY DR. STE 1504  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            LACK, JAYNE M  
Address        1001 BRICKELL BAY DR. STE 1504  
City-State-Zip: MIAMI FL 33131

*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:** LACK , GRAEME R

**MGR**

**04/26/2016**

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

\_\_\_\_\_  
Date