

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080105

Entity Name: 1603 COPANS, LLC

Current Principal Place of Business:

12901 SW 132 AVE
MIAMI, FL 33186

Current Mailing Address:

12901 SW 132 AVE
MIAMI, FL 33186

FEI Number: 20-5454429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHENKMAN, PHILIP
12901 SW 132 AVE
MIAMI, FL 33186 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 SHENKMAN, PHILIP C
Address 12901 SW 132 AVE
City-State-Zip: MIAMI FL 33186

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: PHILIP SHENKMAN

MGRM

04/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date