

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119358

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC8410873848**

**Entity Name:** TRUSTS UNDER THE WILL OF MILDRED W. BROWN, LLC

**Current Principal Place of Business:**

6705 RED ROAD STE 608  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6705 RED ROAD STE 608  
CORAL GABLES, FL 33143

**FEI Number:** 20-7192630

**Certificate of Status Desired:** No

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

WILSON, DONALD DJR.  
6705 RED ROAD STE 608  
CORAL GABLES, FL 33143 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 WEISSEL, JUDY  
Address 626 CORAL WAY, SUITE 502  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SHAPIRO, ROBERT  
Address 626 CORAL WAY, SUITE 502  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name WEISSEL, DAVID A  
Address 626 CORAL WAY, SUITE 502  
City-State-Zip: CORAL GABLES FL 33134

*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:** JUDY WEISSEL

**MANAGING MEMBER**

**01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date