

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014948

**FILED**  
**Mar 10, 2015**  
**Secretary of State**  
**CC0647714453**

**Entity Name:** KIBLISKY OFFICE CENTER LLC

**Current Principal Place of Business:**

20900 NE 30TH AVENUE  
SUITE 401  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30TH AVENUE  
SUITE 401  
AVENTURA, FL 33180

**FEI Number:** 20-8411087

**Certificate of Status Desired:** No

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

KIBLISKY, SERGIO  
20900 NE 30TH AVENUE  
SUITE 401  
AVENTURA, FL 33180 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 KIBLISKY, SERGIO  
Address 20900 NE 30TH AVE SUITE 401  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name JOSE, ADOLFO  
Address 20900 NE 30TH AVE SUITE 401  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name KIBLISKY, MIRIAM  
Address 20900 NE 30TH AVE SUITE 401  
City-State-Zip: AVENTURA FL 33180

*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:** KIBLISKY MIRIAM

**MGR**

**03/10/2015**

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

\_\_\_\_\_  
Date