

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007361

Entity Name: CABRE LLC

Current Principal Place of Business:

5167 N.W. 74 AVENUE
MIAMI, FL 33166

Current Mailing Address:

5167 N.W. 74 AVENUE
MIAMI, FL 33166

FEI Number: 26-4429805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RELAYZE, VICTOR
5167 N.W. 74 AVENUE
MIAMI, FL 33166 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	Title	MGRM
Name	RELAYZE, VICTOR M	Name	RELAYZE, ADRIA G
Address	5167 NW 74 AVE	Address	5167 NW 74 AVE
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

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: VICTOR RELAYZE

MEMBER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date