

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022716

**Entity Name:** ANYNAMEIWANT LIMITED LIABILITY COMPANY**Current Principal Place of Business:**1555 N TREASURE DR  
APT# 512  
NORTH BAY VILLAGE, FL 33141**Current Mailing Address:**1555 N TREASURE DR  
APT# 512  
NORTH BAY VILLAGE, FL 33141 US**FEI Number:** 35-2456255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ-CID, RICARDO ESQ.  
1555 N TREASURE DR  
APT# 512  
NORTH BAY VILLAGE, FL 33141 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 COHEN, DEDE  
Address 1555 N TREASURE DR #512  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title MGR  
Name ANDREE, CHRISTEL LOUISE  
Address 1555 N TREASURE DR  
APT# 512  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title G-MGR  
Name COHEN, DEDE  
Address LE GRAND ST MARTIN, LES  
COCOTIER 5  
City-State-Zip: MARIGOT 97150 SAINT MARTIN

Title A-MGR  
Name GUADALPI, GIL  
Address 1555 N TREASURE DR  
APT# 512  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title MGR, MANAGER  
Name GUADALPI, GIL  
Address 1555 N TREASURE DR  
APT# 512  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title MGR  
Name GUADALPI, GIL  
Address 1555 N TREASURE DR  
APT# 512  
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title G-MGR  
Name COHEN, KEVYN MAURICE  
Address LE GRAND ST MARTIN, LES  
COCOTIER 6  
City-State-Zip: MARGOT 97150 SAINT MARTIN

Title G-MGR  
Name ANDREE CO, CHRISTEL LOUISE  
Address LE GRAND ST MARTIN, LES  
COCOTIER 5  
MARIGOT 97150 SAINT MARTIN  
City-State-Zip: FWI FRENCH WEST INDIES

*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:** GIL GUADALPI**MANAGER****04/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date