## Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048427

Entity Name: LAW OFFICE OF LOWELL J KUVIN LLC

#### **Current Principal Place of Business:**

17 E FLAGLER STREET 223 MIAMI, FL 33131

#### **Current Mailing Address:**

17 E FLAGLER STREET 223 MIAMI, FL 33131

#### FEI Number: 26-2743494

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

KUVIN, LOWELL J 17 E FLAGLER STREET 223 MIAMI, FL 33131 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

#### Authorized Person(s) Detail :

TitleMGRNameKUVIN, LOWELL JAddress17 E FLAGLER STREET, SUITE 223

City-State-Zip: MIAMI FL 33131

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: LOWELL J KUVIN

Date

## FILED Apr 30, 2015 Secretary of State CC1907112837

Certificate of Status Desired: No

Date

04/30/2015