

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: 8395 COLONNADE, LLC**Current Principal Place of Business:**8248 NW 30 TERRACE
DORAL, FL 33122**Current Mailing Address:**8248 NW 30TERRACE
DORAL, FL 33122 US**FEI Number: 26-2644707****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SICILIA RODRIGUEZ, SERGIO JMGR
8248 NW 30 TERRACE
DORAL, FL 33122 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:**_____ Date
Electronic Signature of Registered Agent**Authorized Person(s) Detail :**Title MGRM
Name RODRIGUEZ DE SICILIA, JULIA
Address 8248 NW 30 TERRACE
City-State-Zip: DORAL FL 33122Title MGR
Name SICILIA RODRIGUEZ, SERGIO
Address 8248 NW 30 TERRACE
City-State-Zip: DORAL FL 33122Title MGR
Name SICILIA RODRIGUEZ, ALEJANDRO
Address 8248 NW 30 TERRACE
City-State-Zip: DORAL FL 33122Title MGR
Name SICILIA RODRIGUEZ, ORLANDO
Address 8248 NW 30 TERRACE
City-State-Zip: DORAL FL 33122Title MGR
Name SICILIA RODRIGUEZ, AMPARO
Address 8248 NW 30 TERRACE
City-State-Zip: DORAL FL 33122

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: SICILIA RODRIGUEZ , SERGIO**JMGR****04/30/2014**_____ Date
Electronic Signature of Signing Authorized Person(s) Detail