

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103319

Entity Name: MERCHANT PERFECT OF FLORIDA, LLC**Current Principal Place of Business:**4770 BISCAYNE BLVD.
STE 1080
MIAMI, FL 33137**Current Mailing Address:**4770 BISCAYNE BLVD.
STE 1080
MIAMI, FL 33137 US**FEI Number:** 26-3660100**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALBUT, ABRAHAM A
4770 BISCAYNE BLVD.
STE 1400
MIAMI, FL 33137 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	Title	MGR
Name	GALBUT, ERIC	Name	SOD, JACOB
Address	4770 BISCAYNE BLVD. STE 1080	Address	4770 BISCAYNE BLVD. STE 1080
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	PRESIDENT	Title	VP, TREASURER
Name	SOD, JACOB	Name	GALBUT, ERIC B
Address	4770 BISCAYNE BLVD. STE 1080	Address	4770 BISCAYNE BLVD. STE 1080
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	VP, SECRETARY	Title	VP
Name	GALBUT, ABRAHAM A	Name	ROTH, ZEV
Address	4770 BISCAYNE BLVD. STE 1400	Address	4770 BISCAYNE BLVD. STE 1080
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

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: ABRAHAM A GALBUT

VP

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date