

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031603

**Entity Name:** C & D MIAMI RENT LLC

**Current Principal Place of Business:**

7915 EAST DR. #1 (OFFICE)  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

7915 EAST DR. #1 (OFFICE)  
NORTH BAY VILLAGE, FL 33141 US

**FEI Number:** 27-0214117

**Certificate of Status Desired:** No

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

DAMOLIN, SUZEL  
7915 EAST DR  
APT 3B  
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:** SUZEL DAMOLIN

04/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | COSTA, LORENZO               |
| Address         | VIA MARCONI GUGLIELMO 4      |
| City-State-Zip: | CAVALESE 38033               |
| Title           | MGRM                         |
| Name            | CAMPREGHER, PIETRO           |
| Address         | VIA MARIN 6                  |
| City-State-Zip: | CAMPITELLO DI FASSA TN 38031 |

|                 |                            |
|-----------------|----------------------------|
| Title           | MGRM                       |
| Name            | DAMOLIN, DANILO            |
| Address         | STREDA DE DOS BUDON 2      |
| City-State-Zip: | MOENA TN 38035             |
| Title           | MGR                        |
| Name            | DAMOLIN, SUZEL             |
| Address         | 7915 EAST DR<br>APT 3B     |
| City-State-Zip: | NORTH BAY VILLAGE FL 33141 |

*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:** SUZEL DAMOLIN

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date