

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037389

**Entity Name:** LAW OFFICE OF ERIC R. HOSPEDALES, LLC

**Current Principal Place of Business:**

20535 NW 2ND AVENUE  
SUITE 210  
MIAMI, FL 33169

**Current Mailing Address:**

20535 NW 2ND AVENUE  
SUITE 210  
MIAMI, FL 33169 US

**FEI Number:** 26-4723160

**Certificate of Status Desired:** Yes

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

HOSPEDALES, ERIC RSR.  
20535 NW 2ND AVE  
SUITE 210  
MIAMI, FL 33169 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 HOSPEDALES, ERIC R  
Address 20535 NW 2ND AVE  
210  
City-State-Zip: MIAMI FL 33169

*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:** ERIC HOSPEDALES

MR

04/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date