**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 26, 2016**
**Secretary of State**
**CC7358768449**

DOCUMENT# L09000041088

**Entity Name:** HAJJAR CONSTRUCTION, LLC

**Current Principal Place of Business:**

45 VALENCIA AVE.
CORAL GABLES, FL 33134

**Current Mailing Address:**

45 VALENCIA AVE.
CORAL GABLES, FL 33134 US

**FEI Number: 27-0705846**

**Certificate of Status Desired:** Yes

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

SHIRVANI, ALIREZA
45 VALENCIA AVE.
CORAL GABLES, FL 33134 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: ALIREZA SHIRVANI 04/26/2016

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT, MANAGING MEMBER | Title | MANAGING MEMBER |
| Name | SHIRVANI, ALIREZA | Name | SHIRVANI, MEHRDAD |
| Address | 45 VALENCIA AVE. | Address | 45 VALENCIA AVE. |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|---|---|
| Title | VP, MANAGING MEMBER |
| Name | HAJJAR, SUSAN |
| Address | 45 VALENCIA AVE. |
| City-State-Zip: | CORAL GABLES FL 33134 |

*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: ALIREZA SHIRVANI PRESIDENT 04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date