

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068742

**Entity Name:** 8917 NW 28 DR APT D LLC

**Current Principal Place of Business:**

8917 NW 28TH DRIVE  
APT D  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8411 FOREST HILLS DR.  
204  
CORAL SPRINGS, FL 33065 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GIL, GONZALO  
6620 HOLMBERG RD.  
PARKLAND, FL 33067 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	MGRM
Name	GIL, GONZALO	Name	GIL, LYNETTE
Address	6620 HOLMBERG RD.	Address	6620 HOLMBERG RD.
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

*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:** GONZALO GIL

**MANAGER**

**01/11/2015**

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

\_\_\_\_\_  
Date