

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000026036

Entity Name: LES PERICLES LLC.**Current Principal Place of Business:**12024 SW 12 STREET
BLDG#102
MIRAMIR, FL 33025**Current Mailing Address:**3642 SW 161 TERR
MIRAMAR, FL 33027 US**FEI Number:** 27-3089163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERICLES, FREDLYNN J
2656 SW 116 AVE APT. 9-109
MIRAMIR, FL 33027 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 | PERICLES, PERICLES |
| Address | 891 NE 125 STREET |
| City-State-Zip: | NORTH BEACH MIAMI FL 33161 |

| | |
|-----------------|----------------------------|
| Title | MGRM |
| Name | PERICLES, IMMACULA J |
| Address | 12024 SW 12 ST BLGD#102 |
| City-State-Zip: | PEMBROKE PINE FL 33025 |

| | |
|-----------------|-----------------------|
| Title | MGR |
| Name | VOLAIR, SARADHIA I |
| Address | 891 NE 125 STREET |
| City-State-Zip: | NORTH MIAMI, FL 33161 |

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: FREDLYNN PERICLES

MRG

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date