

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044877

**Entity Name:** MIAMI OFFICE CENTER LLC

**Current Principal Place of Business:**

18350 NW 2ND AVE  
MIAMI, FL 33169

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC6173726106**

**Current Mailing Address:**

99 NW 183RD ST  
138  
MIAMI, FL 33169 US

**FEI Number:** 27-2447206

**Certificate of Status Desired:** No

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

DERHY FINANCIAL SERVICES LLC  
99 NW 183RD ST  
138  
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	MGRM	Title	MGRM
Name	DERHY, DVIR	Name	DERHY, LIMOR
Address	99 NW 183RD ST # 138	Address	99 NW 183RD ST 138
City-State-Zip:	MIAMI FL 33169	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:** DVIR DERHY

**MGRM**

**02/29/2016**

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

\_\_\_\_\_  
Date