

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000074384

**Entity Name:** MICHAEL COIFFMAN, LLC

**Current Principal Place of Business:**

15400 SW 134 PL  
403  
MIAMI, FL 33177

**Current Mailing Address:**

15400 SW 134 PL  
403  
MIAMI, FL 33177

**FEI Number:** 27-3043749

**Certificate of Status Desired:** No

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

COIFFMAN, MICHAEL  
15400 SW 134 PL  
403  
MIAMI, FL 33177 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 P  
Name COIFFMAN, MICHAEL  
Address 15400 SW 134 PL APT# 403  
City-State-Zip: MIAMI FL 33177

Title VP  
Name APONTE, PAULA  
Address 15400 SW 134 PL APT# 403  
City-State-Zip: MIAMI FL 33177

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL COIFFMAN

P

04/27/2013

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

\_\_\_\_\_  
Date