

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095216

**Entity Name:** 2080 NW 96TH AVE. ASSOCIATES, LLC

**Current Principal Place of Business:**

2080 NW 96 AVENUE  
DORAL, FL 33172

**Current Mailing Address:**

2080 NW 96 AVENUE  
DORAL, FL 33172 US

**FEI Number:** 27-3438866

**Certificate of Status Desired:** No

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

BROWN, EMILIO  
13614 NW 10 STREET  
MIAMI, FL 33182 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  
Name BROWN, EMILIO  
Address 13614 N.W. 10TH STREET  
City-State-Zip: MIAMI FL 33182

Title MGRM  
Name BROWN, ASTRID  
Address 13614 N.W. 10TH STREET  
City-State-Zip: MIAMI FL 33182

Title MGRM  
Name CONOLLY, LACEY  
Address 664 CLEAR CREEK DRIVE  
City-State-Zip: OSPEY FL 34229

Title MGRM  
Name LARA, JOSE  
Address 1210 N.W 26TH STREET  
City-State-Zip: MIAMI FL 33173

*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:** ASTRID E BROWN

**MEMBER**

**01/31/2013**

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

\_\_\_\_\_  
Date