

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124665

**Entity Name:** WINSTON 706, LLC

**Current Principal Place of Business:**

1925 NE 193 STREET  
MIAMI, FL 33179

**Current Mailing Address:**

1925 NE 193 STREET  
MIAMI, FL 33179 US

**FEI Number:** 45-1737037

**Certificate of Status Desired:** No

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

MARCUS, ALAN J ESQ.  
20803 BISCAYNE BOULEVARD  
SUITE 301  
AVENTURA, FL 33180 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 ROBEL, STEFAN  
Address 1850 NE 193 STREET  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name SZTERN ROBEL, LUISA  
Address 1850 NE 193 STREET  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name BROMBERG, NESTOR  
Address 1925 NE 193 STREET  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name SZTERN BROMBERG, SYLVIA  
Address 1925 NE 193 STREET  
City-State-Zip: MIAMI FL 33179

*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:** SYLVIA SZTERN BROMBERG

**MANAGER**

**04/12/2015**

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

\_\_\_\_\_  
Date