

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035000

**Entity Name:** JOE CELESTIN CIVIL ENGINEER & GENERAL BUILDER, LLC

**Current Principal Place of Business:**

396 NW 159 ST  
MIAMI, FL 33169

**Current Mailing Address:**

396 NW 159 ST  
MIAMI, FL 33169 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

J. CELESTIN, JOSAPHAT  
13500 NE 3 CT SUITE 212  
212  
N.MIAMI, FL 33161 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 DESTINVAL, SYLVIO  
Address 13500 NE 3 CT SUITE 212  
City-State-Zip: N.MIAMI FL 33161

Title MGR  
Name CELESTIN, JOSAPHAT  
Address 13500 NE 3 CT SUITE 212  
City-State-Zip: N.MIAMI FL 33161

Title MEMBER, VC  
Name GUZMAN, GILDA M  
Address 396 NW 159 ST  
City-State-Zip: MIAMI FL 33169

Title VC  
Name CELESTIN, MEGHAN A  
Address 396 NW 159 ST  
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:** JOSAPHAT CELESTIN

**MANAGER**

**01/18/2015**

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

\_\_\_\_\_  
Date