

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000039838

**Entity Name:** MARTIN & BROTHERS, LLC

**Current Principal Place of Business:**

19300 WEST DIXIE HWY  
SUITE #4  
NORTH MIAMI, FL 33180

**Current Mailing Address:**

19300 WEST DIXIE HWY  
SUITE #4  
NORTH MIAMI, FL 33180

**FEI Number:** 45-1498920

**Certificate of Status Desired:** No

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

FLORIDA MANAGEMENT PROPERTY  
19300 WEST DIXIE HWY  
SUITE #4  
NORTH MIAMI, 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 ALBANESE, GABRIEL  
Address 19300 WEST DIXIE HWY SUITE #4  
City-State-Zip: NORTH MIAMI FL 33180

Title MGRM  
Name ALBANESE, TOMAS  
Address 19300 WEST DIXIE HWY SUITE #4  
City-State-Zip: NORTH MIAMI FL 33180

Title MGRM  
Name ALBANESE, JULIETA  
Address 19300 WEST DIXIE HWY SUITE #4  
City-State-Zip: NORTH MIAMI FL 33180

Title MGRM  
Name ALBANESE, DIEGO LOIS  
Address 19300 WEST DIXIE HWY SUITE #4  
City-State-Zip: NORTH MIAMI FL 33180

Title MGRM  
Name ALBANESE, LUIS PEDRO  
Address 19300 WEST DIXIE HWY SUITE #4  
City-State-Zip: NORTH MIAMI FL 33180

Title MGRM  
Name FERREYRA, ANA MARIA  
Address 19300 WEST DIXIE HWY SUITE #4  
City-State-Zip: NORTH MIAMI FL 33180

*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:** GABRIEL ALBANESE

MGRM

03/11/2015

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

\_\_\_\_\_  
Date