

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000062946

**Entity Name:** INFI2812 LLC

**Current Principal Place of Business:**

6020 N.W. 99TH AVENUE, SUITE 215  
DORAL, FL 33178

**Current Mailing Address:**

6020 N.W. 99TH AVENUE, SUITE 215  
DORAL, FL 33178

**FEI Number:** 45-2481582

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	MGR	Title	S
Name	GEOFROY, DAVID	Name	GEOFROY, DAVID
Address	6020 N.W. 99TH AVENUE, SUITE 215	Address	6020 N.W. 99TH AVENUE, SUITE 215
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** DAVID GEOFROY

**OWNER**

**02/25/2014**

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

\_\_\_\_\_  
Date