

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000090032

**Entity Name:** 3624 OAK AVE. LLC

**Current Principal Place of Business:**

4121 BARBAROSSA AVE .  
MIAMI, FL 33133

**Current Mailing Address:**

1825 PONCE DE LEON BLVD.  
429  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-3483999

**Certificate of Status Desired:** No

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

KOENIG, MARCELO  
1825 PONCE DE LEON BLVD.  
429  
CORAL GABLES, FL 33134 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  
Name KOENIG , MARCELO  
Address 1825 PONCE DE LEON # 429  
City-State-Zip: CORAL GABLES 33134

Title MGR  
Name GARCIA, MARTIN  
Address 3170 PURDUE AVENUE  
City-State-Zip: LOS ANGELES CA 90066

*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:** MARCELO KOENIG

**MANAGER**

**03/15/2015**

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

\_\_\_\_\_  
Date