

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000107012

**Entity Name:** CATARINA, LLC

**Current Principal Place of Business:**

5011 SOUTH STATE ROAD 7  
SUITE 106  
DAVIE, FL 33314

**Current Mailing Address:**

5011 SOUTH STATE ROAD 7  
SUITE 106  
DAVIE, FL 33314 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7  
SUITE 106  
DAVIE, FL 33314 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 KOGAN, WILLIAM  
Address 5011 SOUTH STATE ROAD 7, SUITE  
106  
City-State-Zip: DAVIE FL 33314

*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:** KOGAN , WILLIAM

MGR

03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date