

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126447

**Entity Name:** TIRA.D.TOSS, LLC**Current Principal Place of Business:**2475 NW 95TH AVENUE  
UNIT #7  
DORAL, FL 33172**Current Mailing Address:**2475 NW 95TH AVENUE  
UNIT #7  
DORAL, FL 33172**FEI Number:** 45-3754784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KELLY, ANDREAS MESQ.  
8245 NW 36TH ST.  
SUITE 1  
DORAL, FL 33166 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 AMBR  
Name SANCHEZ, JONATHAN  
Address 8909 SW 150TH PL CIR.  
City-State-Zip: MIAMI FL 33196

Title MGR  
Name SANCHEZ, JONATHAN  
Address 8909 SW 150TH PL CIR.  
City-State-Zip: MIAMI FL 33196

Title MGR  
Name TRAVANO, FLAVIO  
Address 3450 SW 13TH TERRACE  
City-State-Zip: MIAMI FL 33145

Title AMBR  
Name TRAVANO, FLAVIO  
Address 3450 SW 13TH TERRACE  
City-State-Zip: MIAMI FL 33145

Title AMBR  
Name IGLESIAS, DELIA ADA  
Address 3672 SW 13TH TERRACE  
City-State-Zip: MIAMI FL 33145

*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:** FLAVIO TRAVANO

AMBR

04/21/2015

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