

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000003577

**Entity Name:** AF R. ESTATE, LLC

**Current Principal Place of Business:**

4960 SW 72 AVENUE  
SUITE 201  
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72 AVENUE  
SUITE 201  
MIAMI, FL 33155 US

**FEI Number:** 45-4473389

**Certificate of Status Desired:** No

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

ARMAS, J. ALFREDO  
4960 SW 72 AVENUE  
SUITE 206  
MIAMI, FL 33155 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 ARMAS, JOSE J  
Address 4960 SW 72 AVENUE  
SUITE 201  
City-State-Zip: MIAMI FL 33155

Title MGR  
Name ARMAS, ADA  
Address 4960 SW 72 AVENUE  
SUITE 201  
City-State-Zip: MIAMI FL 33155

Title MGRM  
Name ARMAS, CAROLINA  
Address 4960 SW 72 AVENUE  
SUITE 201  
City-State-Zip: MIAMI FL 33155

Title MGRM  
Name ARMAS, JOSE M  
Address 4960 SW 72 AVENUE  
SUITE 201  
City-State-Zip: MIAMI FL 33155

Title MGRM  
Name ARMAS, ANTHONY A  
Address 4960 SW 72 AVENUE  
SUITE 201  
City-State-Zip: MIAMI FL 33155

*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:** JOSE J. ARMAS

**MANAGER**

**04/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date