

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000022151

**Entity Name:** ECTOPIC LLC

**Current Principal Place of Business:**

345 NE 194 LANE  
MIAMI, FL 33179

**Current Mailing Address:**

345 NE 194 LANE  
MIAMI, FL 33179 US

**FEI Number:** 90-0865094

**Certificate of Status Desired:** No

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

JACOFISKY, MARTA E  
345 NE 194 LANE  
MIAMI, FL 33179 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:** JACOFISKY MARTA ELISA

02/15/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JW MANAGEMENT VENT  
Address 345 NE 194 LANE  
City-State-Zip: MIAMI FL 33179

*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:** CLAUDIO WAGMAISTER

MGR

02/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date