

2016 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

02/16/2016

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: MARTA JACOFISKY

MGR

02/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date