

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000022151

Entity Name: ECTOPIC LLC

Current Principal Place of Business:

8827 BRIARWOOD MD LN
BOYNTON BEACH, FL 33473

Current Mailing Address:

8827 BRIARWOOD MD LN
BOYNTON BEACH, FL 33473

FEI Number: 90-0865094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUSTERMAN, JORGE
8827 BRIARWOOD MD LN
BOYNTON BEACH, FL 33473 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 MGRM
Name RABINOVICH, RAFAEL F
Address 8827 BRIARWOOD MD LN
City-State-Zip: BOYNTON BEACH FL 33473

Title MGRM
Name PORINI, MARIA C
Address 8827 BRIARWOOD MD LN
City-State-Zip: BOYNTON BEACH FL 33473

Title MGRM
Name RABINOVICH, BARBARA D
Address 8827 BRIARWOOD MD LN
City-State-Zip: BOYNTON BEACH FL 33473

Title MGRM
Name RABINOVICH, JULIETA D
Address 8827 BRIARWOOD MD LN
City-State-Zip: BOYNTON BEACH FL 33473

Title MGRM
Name RABINOVICH, VICTORIA D
Address 8827 BRIARWOOD MD LN
City-State-Zip: BOYNTON BEACH FL 33473

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: RABINOVICH RAFAEL F

MGRM

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date