## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000025825

Entity Name: LITORAL CDAL, LLC

**Current Principal Place of Business:** 

16425 COLLINS AVENUE #1712 SUNNY ISLES. FL 33160

**Current Mailing Address:** 

16426 COLLINS AVENUE #1712 SUNNY ISLES, FL 33160

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES 8615 COMMODITY CIRCLE STE 6 ORLANDO, FL 32819 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: CAROLINE G LARSON 01/20/2015

Electronic Signature of Registered Agent

Date

FILED Jan 20, 2015

**Secretary of State** 

CC7165099161

Authorized Person(s) Detail:

Title P Title VP

Name DE GRACA MUSSI, CLAUDIO Name MUSSI, DEBORAH J

Address 16426 COLLINS AVENUE #1712 Address 16426 COLLINS AVENUE #1712

City-State-Zip: SUNNY ISLES FL 33160 City-State-Zip: SUNNY ISLES FL 33160

TitleMGRTitleAUTHORIZED MEMBERNameDE S J R S MUSSI, AREMISNameMUSSI, LUPERCIO

Address 16426 COLLINS AVENUE #1712 Address 16426 COLLINS AVENUE #1712

City-State-Zip: SUNNY ISLES FL 33160 City-State-Zip: SUNNY ISLES FL 33160

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: DEBORAH J MUSSI VP

Electronic Signature of Signing Authorized Person(s) Detail

01/20/2015