## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000074354

**Entity Name: THIO FLORIDE LLC** 

**Current Principal Place of Business:** 

620 SW 14TH CT

FORT LAUDERDALE, FL 33315

**Current Mailing Address:** 

620 SW 14TH CT

FORT LAUDERDALE. FL 33315 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIANESE-PITTMAN, SEVERINE E 701 BRICKELL AVENUE **SUITE 1650** MIAMI, FL 33131 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

**FILED** Jan 09, 2014

**Secretary of State** 

CC1408593996

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

LECADET, MARIE CLAUDE Name Name RIVAS PLATA, SOPHIE

Address 620 SW 14TH CT Address 620 SW 14TH CT

City-State-Zip: FORT LAUDERDALE FL 33315 City-State-Zip: FORT LAUDERDALE FL 33315

Title MGRM

Name BROGNAUX, DELPHINE

Address 620 SW 14TH CT

City-State-Zip: FORT LAUDERDALE FL 33315

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: LECADET MARIE CLAUDE

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

01/09/2014