

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101412

**Entity Name:** LAW OFFICES OF ADRIAN REYES AND ASSOCIATES, PLLC

**FILED**  
**Jul 07, 2016**  
**Secretary of State**  
**CC8795407461**

**Current Principal Place of Business:**

2300 W 84 STREET  
SUITE 601  
HIALIA, FL 33016

**Current Mailing Address:**

2300 W 84 STREET  
SUITE 601  
HIALEAH, FL 33016 US

**FEI Number: 46-0793401**

**Certificate of Status Desired: No**

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

REYES, ADRIAN  
2300 W 84 STREET  
SUITE 601  
HIALEAH, FL 33016 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 REYES, ADRIAN  
Address 13550 SW 120 STREET  
City-State-Zip: STE 406A #134 FL 33186

*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: ADRIAN REYES**

**MGR**

**07/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date