# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000122806

#### Entity Name: BEE FLAT, LLC

# **Current Principal Place of Business:**

5700 COLLINS AVE APT. #8F MIAMI BEACH, FL 33140

# **Current Mailing Address:**

5700 COLLINS AVE APT. #8F MIAMI BEACH, FL 33140 US

# FEI Number: 46-1075317

# Name and Address of Current Registered Agent:

**BILOTTA, TOMMASO** 5700 COLLINS AVE APT. #8F MIAMI BEACH, FL 33140 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

#### Authorized Percen(c) Detail :

Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	BILOTTA, TOMMASO	Name	CANCELLI, FLORIANA	
Address	5700 COLLINS AVE APT. #8F	Address	5700 COLLINS AVE APT. #8F	
City-State	-Zip: MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140	

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: TOMMASO BILOTTA

MGRM

01/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date