

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000131276

Entity Name: TAO 2402, LLC**Current Principal Place of Business:**20533 BISCAYNE BLVD, STE 4-960
AVENTURA, FL 33180**Current Mailing Address:**20533 BISCAYNE BLVD, STE 4-960
AVENTURA, FL 33180 US**FEI Number:** 80-0859307**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALVIOLI, SILVANA
1725 MAIN STREET, SUITE 211
WESTON, FL 33326 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 MGR
Name SALVIOLI, ALBERTO
Address 20533 BISCAYNE BLVD., STE 4-960
City-State-Zip: AVENTURA FL 33180

Title MGR
Name MARMO, NICOLINA C
Address 20533 BISCAYNE BLVD., STE 4-960
City-State-Zip: AVENTURA FL 33180

Title MGR
Name SALVIOLI, SILVANA
Address 20533 BISCAYNE BLVD., STE 4-960
City-State-Zip: AVENTURA FL 33180

Title MGR
Name SALVIOLI, ALBERTO JR.
Address 20533 BISCAYNE BLVD., STE 4-960
City-State-Zip: AVENTURA FL 33180

Title MGR
Name SALVIOLI, ROBERTO
Address 20533 BISCAYNE BLVD., STE 4-960
City-State-Zip: AVENTURA FL 33180

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: NICOLINA MARMO**MANAGER****03/05/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date