

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000001945

**Entity Name:** 6423 COLLINS AVE, LLC

**Current Principal Place of Business:**

5790 SW 91 ST  
MIAMI, FL 33156

**Current Mailing Address:**

5790 SW 91 ST  
MIAMI, FL 33156 US

**FEI Number:** 32-0423016

**Certificate of Status Desired:** No

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

CHACON, ARCENO  
5790 SW 91 ST  
MIAMI, FL 33156 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           MANAGER  
Name           CHACFOUR MANAGEMENT, LLC  
Address       5790 SW 91 ST  
City-State-Zip: MIAMI FL 33156

*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:** ARCENIO CHACON

**MANAGER**

**03/15/2015**

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

\_\_\_\_\_  
Date