

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000015683

**Entity Name:** LAW OFFICE OF RYANNE N. SHERMAN, PLLC

**Current Principal Place of Business:**

1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 11068  
MIAMI, FL 33101 US

**FEI Number:** 46-1912396

**Certificate of Status Desired:** No

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

SHERMAN, RYANNE N  
1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139 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 SHERMAN, RYANNE N  
Address PO BOX 11068  
City-State-Zip: MIAMI FL 33101

*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:** RYANNE SHERMAN

**MANAGING MEMBER**

**01/27/2015**

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

\_\_\_\_\_  
Date