

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000050165

**Entity Name:** 1824 LLC

**Current Principal Place of Business:**

2950 ST THOMAS DRIVE  
COOPER CITY, FL 33024

**Current Mailing Address:**

2950 ST THOMAS DRIVE  
COOPER CITY, FL 33024 US

**FEI Number:** 60-0246477

**Certificate of Status Desired:** No

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

MONTE, LOUELLA  
4041 COLLINS AVE  
918  
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

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                       |
|-----------------|----------------------|-----------------|-----------------------|
| Title           | MGRM                 | Title           | MGRM                  |
| Name            | DEONARINE, AMIT      | Name            | MONTE, LOUELLA        |
| Address         | 2950 ST THOMAS DRIVE | Address         | 4041 COLLINS AVE #918 |
| City-State-Zip: | COOPER CITY FL 33024 | 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:** AMIT DEONARINE

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date