

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000063667

**Entity Name:** 80 WASHINGTON STREET UNIT 8, LLC

**Current Principal Place of Business:**

19 COVLEE DR  
WESTPORT, CT 06880

**Current Mailing Address:**

19 COVLEE DR  
WESTPORT, CT 06880

**FEI Number: 46-3069782**

**Certificate of Status Desired: No**

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

LAW OFFICES OF BARBARA SANJURJO  
2630 SW 28 STREET  
61  
COCONUT GROVE, FL 33133 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 REFVIK PROPERTIES LLC  
Address 19 COVLEE DRIVE  
City-State-Zip: WESTPORT CL 06880

Title MGR  
Name REFVIK, OLAV  
Address 19 COVLEE DRIVE  
City-State-Zip: WESTPORT CT 06880

*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: OLAV REFVIK**

**MANAGER**

**04/18/2015**

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

\_\_\_\_\_  
Date