

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000081596

Entity Name: BERAJA IP, LLC**Current Principal Place of Business:**2550 DOUGLAS ROAD
3RD FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2550 DOUGLAS ROAD
3RD FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 46-4900171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERAJA, ESTHER B
2550 DOUGLAS ROAD
3RD FLOOR
CORAL GABLES, FL 33134 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 AUTHORIZED MEMBER
Name BERAJA, ROBERTO MD
Address 2550 DOUGLAS RD, 3RD FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name BERAJA, VICTOR MD
Address 2550 DOUGLAS RD, 3RD FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name MATILDE BERAJA REVOCABLE TRUST
Address 2550 DOUGLAS RD, 3RD FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name ISIDORO BERAJA IRREVOCABLE TRUST
Address 2550 DOUGLAS RD, 3RD FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER
Name BERAJA, ESTHER B
Address 2550 DOUGLAS ROAD
3RD FLOOR
City-State-Zip: CORAL GABLES FL 33134

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: ROBERTO BERAJA, MD

AMBR

02/24/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date