

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093863

**Entity Name:** A & N PLUS 1 II, LLC

**Current Principal Place of Business:**

8525 SW 107 STREET  
MIAMI, FL 33156

**Current Mailing Address:**

8525 SW 107 STREET  
MIAMI, FL 33156

**FEI Number:** 46-3130956

**Certificate of Status Desired:** No

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

MEIRELES, PATRICIA  
8525 SW 107 STREET  
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 MGRM  
Name MEIRELES, PATRICIA M  
Address 8525 SW 107 STREET  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name MEIRELES, JAVIER  
Address 8525 SW 107 STREET  
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:** PATRICIA MEIRELES

MGRM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date