Electronic Signature of Signing Authorized Person(s) Detail

## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000098834

Entity Name: NLJ RE HOLDINGS, LLC

# **Current Principal Place of Business:**

3663 SW 8TH STREET **3RD FLOOR** MIAMI, FL 33135

## **Current Mailing Address:**

3663 SW 8TH STREET 3RD FLOOR MIAMI, FL 33135 US

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

TORNES, JACQUELINE 3663 SW 8TH STREET 3RD FLOOR MIAMI, FL 33135 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

## Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER	
Name	TORNES, LETICIA	Name	VALLS EDWARDS, JEANNETTE	
Address	3663 SW 8TH STREET, 3RD FLOOR	Address	3663 SW 8TH STREET, 3RD FLOOR	
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135	
Title	MANAGER	Title	MANAGER	
Name	VALLS, FELIPE A JR.	Name	TORNES, JACQUELINE	
Name Address	VALLS, FELIPE A JR. 3663 SW 8TH STREET 3RD FLOOR	Name Address	TORNES, JACQUELINE 3663 SW 8TH STREET 3RD FLOOR	
	3663 SW 8TH STREET		3663 SW 8TH STREET	

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: JACQUELINE TORNES

MANAGER

04/30/2014

Date

FILED Apr 30, 2014 Secretary of State CC8962019511

Certificate of Status Desired: No

Date