

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000104527

**Entity Name:** BABY SENSORY AVENTURA LLC

**Current Principal Place of Business:**

20435 NE 20TH CT  
MAMI, FL 33179

**Current Mailing Address:**

20435 NE 20TH CT  
MAMI, FL 33179 US

**FEI Number:** 46-3261371

**Certificate of Status Desired:** No

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

EIDELMAN, MIGUEL  
20435 NE 20TH CT  
MAMI, FL 33179 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	EIDELMAN, MIGUEL	Name	BENHAMU, SIMONET
Address	20435 NE 20TH CT	Address	20435 NE 20TH CT
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MAMI FL 33179

*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:** MIGUEL EIDELMAN

MGRM

02/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date