

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000128954

Entity Name: CEMA DESIGNS, LLC**Current Principal Place of Business:**1550 W 34 PL
HIALEAH, FL 33012**Current Mailing Address:**P.O. BOX 260610
PEMBROKE PINES, FL 33026**FEI Number:** 46-2599502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARRERO, ART
1550 WEST 34 PLACE
HIALEAH, FL 33012 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	MANAGER, MEMBER
Name	MARRERO, ARTURO
Address	1550 W 34 PL
City-State-Zip:	HIALEAH FL 33012

Title	MANAGER, MEMBER
Name	DUKE, TERRELL W JR.
Address	5611 HOLATEE TRAIL
City-State-Zip:	SW RANCHES FL 33330

Title	MANAGER, MEMBER
Name	HUFFMAN, TRUSTY D
Address	5611 HOLATEE TRAIL
City-State-Zip:	SW RANCHES FL 33330

Title	MANAGER, COO
Name	CEPERO, OMAR
Address	1550 WEST 34 PLACE
City-State-Zip:	HIALEAH FL 33012

Title	MANAGER
Name	MARRERO, LYSANDER M
Address	1550 WEST 34 PLACE
City-State-Zip:	HIALEAH FL 33012

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: ARTURO MARRERO

MANAGER

01/11/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date