

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000049451

**Entity Name:** 45C TEAM, LLC

**Current Principal Place of Business:**

17707 NW MIAMI CT  
SUITE 101  
MIAMI, FL 33169

**FILED**  
**Mar 02, 2017**  
**Secretary of State**  
**CC0754758896**

**Current Mailing Address:**

17707 NW MIAMI CT  
SUITE 101  
MIAMI, FL 33169 US

**FEI Number:** 46-5315187

**Certificate of Status Desired:** No

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

PEREZ, JOSE L  
17707 NW MIAMI CT  
SUITE 101  
MIAMI, FL 33169 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 MGR  
Name PEREZ, JOSE L  
Address 17707 NW MIAMI CT SUITE 101  
City-State-Zip: MIAMI FL 33169

Title AMBR  
Name GONZALEZ, MIGUEL  
Address 17707 NW MIAMI CT SUITE 101  
City-State-Zip: MIAMI FL 33169

Title AMBR  
Name POLANCO, JOCELYN  
Address 17707 NW MIAMI CT SUITE 101  
City-State-Zip: MIAMI FL 33169

*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 GONZALEZ

**MANAGER**

**03/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date