

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000050101

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC8828894572**

**Entity Name:** LAW OFFICES OF MARCOTE & MARCOTE DE MOYA, PLLC

**Current Principal Place of Business:**

12595 SW 137 AVENUE  
SUITE 307  
MIAMI, FL 33186

**Current Mailing Address:**

12595 SW 137 AVENUE  
SUITE 307  
MIAMI, FL 33186

**FEI Number:** 35-2503974

**Certificate of Status Desired:** No

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

LAW OFFICES OF ADELA Z. MARCOTE, LLC  
12595 SW 137 AVENUE  
307  
MIAMI, FL 33186 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 LAW OFFICES OF ADELA Z. MARCOTE, LLC  
Address 12595 SW 137 AVENUE, SUITE 307  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name LAW OFFICES OF JACQUELINE MARCOTE DE MOYA  
Address 12595 SW 137 AVENUE, SUITE307  
City-State-Zip: MIAMI FL 33186

*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:** ADELA Z. MARCOTE

**MGRM**

**01/09/2015**

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

\_\_\_\_\_  
Date