

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000063060

**Entity Name:** SEFFO'S LLC

**Current Principal Place of Business:**

6423 COLLINS AVE  
1602  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6423 COLLINS AVE  
1602  
MIAMI BEACH, FL 33141

**FEI Number:** 45-5557472

**Certificate of Status Desired:** No

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

PAUL, NORA C MRS  
6423 COLLINS AVE  
1602  
MIAMI BEACH, FL 33141 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 PAUL, NORA C MRS  
Address 6423 COLLINS AVE APT #1602  
City-State-Zip: MIAMI BEACH FL 33141

Title AP  
Name PAUL, LUIS M MR  
Address 6423 COLLINS AVE APT#1602  
City-State-Zip: MIAMI BEACH FL 33141

*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:** LUIS PAUL

AP

02/17/2016

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

\_\_\_\_\_  
Date