

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000083596

**Entity Name:** IBS OVERSEAS,LLC

**Current Principal Place of Business:**

1001 SOUTH MIAMI AVE,  
SUITE # 4915  
MIAMI, FL 33130

**Current Mailing Address:**

1001 SOUTH MIAMI AVE,  
SUITE # 4915  
MIAMI, FL 33130 US

**FEI Number:** 30-0830755

**Certificate of Status Desired:** No

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

KEIFITZ, MIKHAEL E ESQ  
3363 NE 163 STREET  
SUITE 708  
NORTH MIAMI BEACH, FL 33160 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	AMBR
Name	I.B.S. OVERSEAS LIMITED
Address	303 SHIRLEY STREET, P.O. BOX N-492
City-State-Zip:	NASSAU NP 00000

Title	MGRM
Name	STEPANOV, VLADIMIR
Address	1001 SOUTH MIAMI AVE, SUITE # 4915
City-State-Zip:	MIAMI FL 33130

*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:** STEPANOV , VLADIMIR

**MGRM**

**04/16/2015**

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

\_\_\_\_\_  
Date