

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000160075

Entity Name: 439 NE 82ND ST LLC

Current Principal Place of Business:

770 NE 82ND TERRACE
MIAMI, FL 33138

Current Mailing Address:

770 NE 82ND TERRACE
MIAMI, FL 33138 US

FEI Number: 47-2300513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, HARVEY E
770 NE 82ND TERRACE
MIAMI, FL 33138 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 COHEN, HARVEY E
Address 770 NE 82ND TERRACE
City-State-Zip: MIAMI FL 33138

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: HARVEY COHEN

AMBR

04/15/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date