

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000160266

**FILED  
Apr 22, 2015  
Secretary of State  
CC1325542629**

**Entity Name:** THE COLLINS 1206 LLC

**Current Principal Place of Business:**

5838 COLLINS AVE  
15C  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5838 COLLINS AVE 15C  
15C  
MIAMI BEACH, FL 33140 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALZIR, FRAGA  
6917 COLLINS AVE  
1206  
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 MGRM  
Name FRAGA, ALZIR  
Address 6917 COLLINS AVE 1206  
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM  
Name FRAGA, EUNICE  
Address 6917 COLLINS AVE 1206  
City-State-Zip: MIAMI BEACH FL 33141

Title MBR  
Name FRAGA, RAFAEL  
Address 6917 COLLINS AVE 1206  
City-State-Zip: MIAMI BEACH FL 33141

Title MBR  
Name FRAGA, RAQUEL  
Address 6917 COLLINS AVE 1206  
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:** ALZIR FRAGA

**MANAGING MANAGER**

**04/22/2015**

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

\_\_\_\_\_  
Date