

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000160307

**Entity Name:** ESFA1 LLC

**Current Principal Place of Business:**

3111 N UNIVERSITY DR  
STE 105  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3111 N UNIVERSITY DR  
STE 105  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 47-2072835

**Certificate of Status Desired:** No

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

ACCOUNTANT & MANAGEMENT, INC.  
1549 NE 123 RD ST  
NORTH MIAMI, FL 33161 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 ESPINDOLA, EDUARDO E  
Address 3111 N UNIVERSITY DR STE 105  
City-State-Zip: CORAL SPRINGS FL 33065

Title AMBR  
Name NASSIF, FATIMA LUCIA  
Address 3111 N UNIVERSITY DR STE 105  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name SOLUTIONS BY ACCOUNTANTS INC  
Address 1549 NE 123 ST  
City-State-Zip: NORTH MIAMI FL 33161

*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:** EDUARDO E ESPINDOLA

AMBR

02/12/2015

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

\_\_\_\_\_ Date