

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000174462

**Entity Name:** 12240NE5 LLC

**Current Principal Place of Business:**

12240 NE 5 AVE  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

333 NW 23 ST  
MIAMI, FL 33127

**FEI Number:** 47-2282686

**Certificate of Status Desired:** No

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

FRATELLI MANAGEMENT LLC  
333 NW 23 ST  
MIAMI, FL 33127 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 FRATELLI MANAGEMENT LLC  
Address 333 NW 23 ST  
City-State-Zip: MIAMI FL 33127

Title MGRM  
Name CAOBA LLC  
Address 5805 BLUE LAGOON DR  
STE 200  
City-State-Zip: MIAMI FL 33126

*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:** MARCO GALVAN

**AUTHORIZED PERSON**

**04/09/2015**

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

\_\_\_\_\_  
Date