

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000187481

**Entity Name:** 1532 NW 2 AVENUE, LLC

**Current Principal Place of Business:**

360 GRECO AVENUE, SUITE 208  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 546197  
MIAMI BEACH, FL 33154 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PINE CONE PROPERTY MANAGEMENT, LLC  
360 GRECO AVENUE, SUITE 208  
CORAL GABLES, FL 33146 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 MGR  
Name PINE CONE PROPERTY  
MANAGEMENT, LLC  
Address 360 GRECO AVENUE, SUITE 208  
City-State-Zip: CORAL GABLES FL 33146

*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:** RALPH DEFRONZO

**MANAGER**

**04/30/2015**

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

\_\_\_\_\_ Date