

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190764

**Entity Name:** ZAFIRO 84, LLC

**Current Principal Place of Business:**

19333 COLLINS AVE.  
SUNNY ISLES BEACH UNIT 1907  
MIAMI, FL 33160

**Current Mailing Address:**

75 VALENCIA AV. SUITE 703  
CORAL GABLES, FL 33134

**FEI Number:** 47-2570712

**Certificate of Status Desired:** No

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

MONAHAN, REARK R CPA  
75 VALENCIA AV. SUITE 703  
CORAL GABLES, FL 33134 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                      | Title           | MGR                        |
| Name            | TOLEDANO ABADI, JACOBO    | Name            | FREWA DE TOLEDANO, FORTUNA |
| Address         | 19333 COLLINS AVE.        | Address         | 19333 COLLINS AVE.         |
| City-State-Zip: | MIAMI FL 33160            | City-State-Zip: | MIAMI FL 33160             |
|                 |                           |                 |                            |
| Title           | MGR                       |                 |                            |
| Name            | ABADI DE TOLEDANO, ESTHER |                 |                            |
| Address         | 19333 COLLINS AVE.        |                 |                            |
| City-State-Zip: | MIAMI FL 33160            |                 |                            |

*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:** TOLEDANO ABADI , JACOBO

AMBR

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date