

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000012682

**Entity Name:** NIRVANA-B209, LLC

**Current Principal Place of Business:**

750 NE 64 ST  
B300  
MIAMI, FL 33138

**Current Mailing Address:**

750 NE 64 ST  
B300  
MIAMI, FL 33138 US

**FEI Number:** 47-2914295

**Certificate of Status Desired:** No

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

MENDOZA, FABIO  
175 SW 7TH ST, SUITE 1511-1512  
MIAMI, FL 33130 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	Title	MGR
Name	MENDOZA, FABIO	Name	MOSER, MARIANELA
Address	175 SW 7TH ST, SUITE 1511-1512	Address	175 SW 7TH ST, SUITE 1511-1512
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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:** FABIO MENDOZA

**MGR**

**03/27/2016**

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

\_\_\_\_\_  
Date