

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000028156

**Entity Name:** ISARD MOUNTAIN, LLC

**Current Principal Place of Business:**

1723 S.W. 2ND AVE  
UNIT 904  
MIAMI, FL 33129

**Current Mailing Address:**

1723 SW 2ND AVE  
904  
MIAMI, FL 33129 US

**FEI Number:** 35-2527776

**Certificate of Status Desired:** No

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

ROSILLO, FRANK A  
7950 N.W. 53 STREET  
SUITE 221  
DORAL, FL 33166 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            ALCOLEA, MARTA  
Address        1723 SW 2ND AVE  
                  904  
City-State-Zip: MIAMI FL 33129

*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:** MARTA ALCOLEA

AMBR

04/13/2016

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

\_\_\_\_\_  
Date