

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000111854

Entity Name: SUCCOFIT LLC

Current Principal Place of Business:

5224 NW 94 PLACE
DORAL, FL 33178

Current Mailing Address:

5224 NW 94 PL
DORAL, FL 33178

FEI Number: 36-4832082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BADELL OFFICES LLC
350 S MIAMI AVE
STE COM-A
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 MGRM
Name SCHOFFEL, STEFANIE
Address 5224 NW 94 PL
City-State-Zip: DORAL FL 33178

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: SCHOFFEL, STEFANIE

MGRM

03/25/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date