

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000156013

**Entity Name:** CYBER67 ENTERPRISES LLC

**Current Principal Place of Business:**

801 BRICKELL KEY BLVD  
SUITE 1002  
MIAMI, FL 33131

**Current Mailing Address:**

801 BRICKELL KEY BLVD  
SUITE 1002  
MIAMI, FL 33131 US

**FEI Number:** 47-5575024

**Certificate of Status Desired:** Yes

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

TISAIRE, RAMON  
801 BRICKELL KEY BLVD  
SUITE 1002  
MIAMI, FL 33131 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           | MEMBER MANAGER                    | Title           | MEMBER                              |
| Name            | TISAIRE, RAMON                    | Name            | TISAIRE, MARGARITA S                |
| Address         | 801 BRICKELL KEY BLVD, SUITE 1002 | Address         | 801 BRICKELL KEY BLVD<br>SUITE 1002 |
| City-State-Zip: | MIAMI FL 33131                    | City-State-Zip: | MIAMI FL 33131                      |

*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:** RAMON TISAIRE

**MEMBER MANAGER**

**05/01/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date