

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000202946

**Entity Name:** 1521 COLLABORATIVE, LLC

**Current Principal Place of Business:**

1637 SW 8TH STREET, STE 200  
MIAMI, FL 33135

**Current Mailing Address:**

1637 SW 8TH STREET, STE 200  
MIAMI, FL 33135

**FEI Number: 81-0735789**

**Certificate of Status Desired: No**

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

FULLER, WILLIAM O  
1637 SW 8TH STREET, STE 200  
MIAMI, FL 33135 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  
Name BUSH, BENJAMIN  
Address 2030 SOUTH DOUGLAS, SUITE 108  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BUSH, ZACK  
Address 2030 SOUTH DOUGLAS, SUITE 108  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name PINILLA, MARTIN A II  
Address 1637 SW 8TH STREET, STE 200  
City-State-Zip: MIAMI FL 33135

Title MGR  
Name FULLER, WILLIAM O  
Address 1637 SW 8 STREET, SUITE 200  
City-State-Zip: MIAMI FL 33135

*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: WILLIAM FULLER**

**MGR**

**04/29/2016**

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

\_\_\_\_\_  
Date