

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000058984

**Entity Name:** CASTELLON, LAURENT & SCHLESINGER, LLC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD  
470  
CORAL GABLES , FL 33146

**Current Mailing Address:**

873 MICHAEL ST  
MIAMI BEACH, FL 33141

**FEI Number: 81-2007710**

**Certificate of Status Desired: No**

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

SCHLESINGER, MIRIAM  
4000 PONCE DE LEON BLVD  
470  
CORAL GABLES , FL 33146 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 MBR  
Name LAURENT, SUZETTE  
Address 4000 PONCE DE LEON BLVD. SUITE  
470  
City-State-Zip: CORAL GABLES FL 33146

Title MBR  
Name SCHLESINGER, MIRIAM  
Address 4000 PONCE DE LEON BLVD. SUITE  
470  
City-State-Zip: CORAL GABLES FL 33146

Title MBR  
Name CASTELLON, MAYBEL  
Address 4000 PONCE DE LEON BLVD  
470  
City-State-Zip: CORAL GABLES FL 33146

*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: MIRIAM SCHLESINGER**

**02/14/2017**

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

\_\_\_\_\_  
Date