

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000206415

**FILED  
Mar 22, 2017  
Secretary of State  
CC5615087070**

**Entity Name:** NEIGHBORHOOD HOUSING FOUNDATION - LITTLE HAITI, LLC

**Current Principal Place of Business:**

801 S. POINTE DRIVE  
TH-1  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

801 S. POINTE DRIVE  
TH-1  
MIAMI BEACH, FL 33139 US

**FEI Number:** 81-4411672

**Certificate of Status Desired:** No

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

CALISE & ASSOCIATES INC.  
801 S. POINTE DRIVE  
TH-1  
MIAMI BEACH, FL 33139 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            D'ALTO, MICHELE  
Address        801 S. POINTE DRIVE, TH-1  
City-State-Zip: MIAMI BEACH FL 33139

Title            AMBR  
Name            CALISE, CHRISTOPHER  
Address        801 S. POINTE DRIVE, TH-1  
City-State-Zip: MIAMI BEACH FL 33139

Title            AMBR  
Name            NEIGHBORHOOD HOUSING  
                    FOUNDATION, INC.  
Address        1742 SANDY CIRCLE  
City-State-Zip: CAPE CORAL FL 33904

*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:** MICHELE D'ALTO

**MEMBER**

**03/22/2017**

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

\_\_\_\_\_  
Date