

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000715

**Entity Name:** MASSRY FLORIDA, L.C.

**Current Principal Place of Business:**

BELLA VISTA MID-RISE N.  
20165 N.E. 39TH PL.  
AVENTURA, FL 33180

**Current Mailing Address:**

BELLA VISTA MID-RISE N.  
20165 N.E. 39TH PL.  
AVENTURA, FL 33180

**FEI Number:** 14-1785920

**Certificate of Status Desired:** No

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

MASSRY, MORRIS  
BELLA VISTA MID-RISE N.  
20165 N.E. 39TH PL.  
AVENTURA, FL 33180 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 MASSRY, MORRIS  
Address 20165 N.E. 39TH PLACE  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name BIBAS, JACK  
Address 17 LANDING CREEK  
City-State-Zip: WILLIAMSVILLE NY 14221

Title MGRM  
Name BOSSERT, MICHAEL  
Address 22 HILANDER DR  
City-State-Zip: ALBANY NY 12211

*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:** MICHAEL BOSSERT

**MEMBER**

**02/17/2015**

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

\_\_\_\_\_  
Date