

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 396042

**FILED  
Feb 20, 2015  
Secretary of State  
CC4870552927**

**Entity Name:** LARO, INC. OF CORAL GABLES

**Current Principal Place of Business:**

6800 NERVIA STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6800 NERVIA STREET  
CORAL GABLES, FL 33146

**FEI Number:** 59-1389459

**Certificate of Status Desired:** No

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

COHEN, LAWRENCE H  
6800 NERVIA STREET  
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

**Officer/Director Detail :**

Title           PTD  
Name           COHEN, LAWRENCE  
Address        6800 NERVIA STREET  
City-State-Zip: CORAL GABLES FL 33146

Title           VSD  
Name           COHEN, PETER  
Address        3800 NERVIA STREET  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER COHEN

**VICE PRESIDENT**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date