

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000002453

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC7570246757**

**Entity Name:** 3200 NORTH MIAMI AVENUE, LLC

**Current Principal Place of Business:**

1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE, FL 33009

**Current Mailing Address:**

1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE, FL 33009 US

**FEI Number:** 65-0987513

**Certificate of Status Desired:** No

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

GALUSTYANTS, GABRIELLA  
1835 E. HALLANDALE BEACH BLVD  
339  
HALLANDALE, FL 33009 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:** GALUSTYANTS GABRIELLA

01/15/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GALUSTYANTS, GABRIELLA  
Address 1835 E. HALLANDALE BEACH BLVD  
339  
City-State-Zip: HALLANDALE FL 33009

Title MGRM  
Name KOBLANCE, RAFAEL  
Address 1835 E. HALLANDALE BEACH BLVD,  
#339  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGRM  
Name GALUSTYANTS, JONATHAN  
Address 1835 E. HALLANDALE BEACH BLVD  
339  
City-State-Zip: HALLANDALE FL 33009

*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:** GALUSTYANTS , GABRIELLA

MGRM

01/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date