

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009897

**Entity Name:** BF STRITTER ESTATES, LLC

**Current Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 330967  
MIAMI, FL 33233 US

**FEI Number:** 55-0826493

**Certificate of Status Desired:** No

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

VALDES, AILEEN  
1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 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               | Title           | MGR               |
| Name            | BOSCHETTI, JOSE R | Name            | BOSCHETTI, LUIS R |
| Address         | PO BOX 330967     | Address         | PO BOX 330967     |
| City-State-Zip: | MIAMI FL 33233    | City-State-Zip: | MIAMI FL 33233    |

*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:** LUIS BOSCHETTI

**MANAGER**

**04/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date