

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054564

Entity Name: AZARI T. BENJAMIN, PL

Current Principal Place of Business:

1717 N. BAYSHORE DRIVE
SUITE 3533
MIAMI, FL 33132

Current Mailing Address:

PO BOX 612754
MIAMI, FL 33261-2754 US

FEI Number: 20-1405752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BENJAMIN, AZARI T
1717 N. BAYSHORE DRIVE, SUITE 3533
MIAMI, FL 33132 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 BENJAMIN, AZARI T
Address 1717 N. BAYSHORE DRIVE, SUITE
3533
City-State-Zip: MIAMI FL 33132

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: AZARI BENJAMIN

MGR

04/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date