

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000036472

**Entity Name:** DORAL CROSSING LLC

**Current Principal Place of Business:**

4611 SOUTH UNIVERSITY DR,# 110  
DAVIE, FL 33328

**Current Mailing Address:**

4611 SOUTH UNIVERSITY DR,# 110  
DAVIE, FL 33328

**FEI Number:** 20-4670756

**Certificate of Status Desired:** No

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

BETH, AZOR  
4611 SOUTH UNIVERSITY DR,#110  
DAVIE, FL 33328 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 MGRM  
Name BETH, AZOR  
Address 4611 SO.UNIVERSITY DR #110  
City-State-Zip: DAVIE FL 33328

*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:** BETH AZOR

**MANAGER**

**04/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date