## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055988

Entity Name: CABAM 1 LLC

**Current Principal Place of Business:** 

4050 SW 102 AVE DAVIE. FL 33328

**Current Mailing Address:** 

4050 SW 102 AVE DAVIE. FL 33328

FEI Number: 20-3042440 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARDO, CHRISTINE 4050 SW 102 AVE 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

**FILED** Jan 08, 2014

**Secretary of State** 

CC4424785681

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

PARDO, CHRISTINE Name PARDO, ANDRES Name 4050 SW 102 AVE Address 4050 SW 102 AVE Address City-State-Zip: DAVIE FL 33328 City-State-Zip: DAVIE FL 33328

Title **MGRM** Title **MGRM** 

Name PARDO, MAURICIO PARDO, BENITA R Name Address 1560 SW 190TH AVE. Address 1560 SW 190TH AVE.

PEMBROKE PINES FL 33029 City-State-Zip: City-State-Zip: PEMBROKE PINES FL 33029

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.

**MGR** 

SIGNATURE: CHRISTINE PARDO

Electronic Signature of Signing Authorized Person(s) Detail

01/08/2014

Date