

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000107055

**Entity Name:** 26 NE 54 ST, LLC

**Current Principal Place of Business:**

3831 LOST SPRINGS DR  
CALABASAS, CA 91301

**Current Mailing Address:**

3831 LOST SPRINGS DR  
CALABASAS, CA 91301

**FEI Number:** 30-0391455

**Certificate of Status Desired:** No

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

GARAVITO, JORGE E  
164 NW 20TH ST #107  
MIAMI, FL 33127 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 ALEXANDER, WAKSMAN  
Address 3831 LOST SPRINGS DR  
City-State-Zip: CALABASAS CA 91301

*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:** ALEXANDER WAKSMAN

MMR

04/15/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date