

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084534

**Entity Name:** SAMIRA RAMIREZ LLC

**Current Principal Place of Business:**

325 S BISCAYNE BLVD UNIT 2618  
MIAMI, FL 33131

**Current Mailing Address:**

PO BOX 795  
KEY BISCAYNE, FL 33149

**FEI Number:** 77-0697984

**Certificate of Status Desired:** No

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

MED ACCOUNTING SERVICES, LLC  
4468 DOGWOOD CIRCLE  
WESTON, FL 33331 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:** MARIA EUGENIA DIAZ

04/29/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	RAMIREZ, SAMIRA	Name	ACOSTA, ADALGISA
Address	PO BOX 795	Address	PO BOX 795
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149

*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:** SAMIRA RAMIREZ

MGRM

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date