## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005850

Entity Name: 127 N.W. 167 ST., L.L.C.

**Current Principal Place of Business:** 

127 N.E. 167 STREET 127 N.E. 167 STREET A

NORTH MIAMI BEACH, FL 33162

## **Current Mailing Address:**

127 N.E. 167 STREET

NORTH MIAMI BEACH, FL 33162 US

FEI Number: 59-1912220 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAPORTE, NORMAN 127 N.E. 167 STREET

NORTH MIAMI BEACH, FL 33162 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 23, 2014

**Secretary of State** 

CC4282146235

Authorized Person(s) Detail:

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

LAPORTE. NORMAN TRUSTEE LAPORTE. BEATRICE TRUSTEE Name Name

Address 127 N.E. 167 STREET Address 127 N.W. 167 STREET

City-State-Zip: NORTH MIAMI BEACH FL 33162 City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR

Name MICHEL, VALLE D

Address 2307 COVINGTON COVE LANE City-State-Zip: SINGLE MOUNTAIN TN 37377

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: NORMAN LAPORTE

**PRESIDENT** 

01/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date