

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045003

**Entity Name:** ATRIUM 2-704 LLC

**Current Principal Place of Business:**

2441 NW 93 AVE  
SUITE 101  
DORAL, FL 33172

**Current Mailing Address:**

2441 NW 93 AVE  
SUITE 101  
DORAL, FL 33172

**FEI Number:** 26-2559441

**Certificate of Status Desired:** No

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

MESA & MESA ACCOUNTING & TAX SERVICES  
2441 NW 93 AVE  
SUITE 101  
DORAL, FL 33172 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 LORENZINI, RICARDO  
Address AVE SUR PORTON LOS OLIVOS #16  
City-State-Zip: CARACAS VN 01083

Title MGRM  
Name VALENTI, LORENA  
Address AVE SUR PORTON LOS OLIVOS #16  
City-State-Zip: CARACAS VN 01083

Title MGRM  
Name LORENZINI, DANIELA  
Address AVE SUR PORTON LOS OLIVOS #16  
City-State-Zip: CARACAS VN 01083

*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:** RICARDO LORENZINI

MGRM

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date