

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087635

**Entity Name:** 1401 TROPICAL DR. , LLC

**Current Principal Place of Business:**

6910 NW 29TH. CT.  
MARGATE, FL 33063

**Current Mailing Address:**

6910 NW 29TH. CT.  
MARGATE, FL 33063 US

**FEI Number:** 26-3311118

**Certificate of Status Desired:** No

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

ALONSO, CARLOS  
6910 NW 29TH. CT.  
MARGATE, FL 33063 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 MGR  
Name CAMYR MANAGEMENT, LLC  
Address 6910 NW 29TH. CT.  
City-State-Zip: MARGATE FL 33063

*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:** CARLOS A ALONSO

MANAGER

04/13/2015

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

\_\_\_\_\_ Date