

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007890

**Entity Name:** BY LILLA, LLC

**Current Principal Place of Business:**

9553 HARDING AVE  
SUITE 304  
AVENTURA, FL 33154

**Current Mailing Address:**

9553 HARDING AVE  
SUITE 304  
AVENTURA, FL 33154 US

**FEI Number:** 26-4118620

**Certificate of Status Desired:** No

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

FELDMAN, COLETTE  
9553 HARDING AVE  
SUITE 304  
AVENTURA, FL 33154 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	FELDMAN, COLETTE
Address	3752 NE 199TH STREET
City-State-Zip:	AVENTURA FL 33180
Title	MGRM
Name	FINVARB POSSIN, MICHELLE
Address	9461 E. BROADVIEW DR
City-State-Zip:	BAY HARBOR FL 33154

Title	MGRM
Name	ARIAS STORM, NATALIA
Address	171 NORTH SHORE DR APT 303
City-State-Zip:	MIAMI BEACH, FL 33141

*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:** COLETTE FELDMAN

**PARTNER**

**01/13/2015**

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

\_\_\_\_\_  
Date