

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021414

**Entity Name:** TATIANA FESTER L.L.C.

**Current Principal Place of Business:**

11857  
CHATEAUBRIAND AVENUE  
ORLANDO, FL 32836

**Current Mailing Address:**

11857 CHATEAUBRIAND AVENUE  
ORLANDO, FL 32836 US

**FEI Number:** 26-4423660

**Certificate of Status Desired:** No

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

FESTER, TATIANA  
11857 CHATEAUBRIAND AVENUE  
ORLANDO, FL 32836 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           | P                          | Title           | P                          |
| Name            | FESTER, TATIANA            | Name            | FESTER, TATIANA            |
| Address         | 11857 CHATEAUBRIAND AVENUE | Address         | 11857 CHATEAUBRIAND AVENUE |
| City-State-Zip: | ORLANOD FL 32836           | City-State-Zip: | ORLANDO FL 32836           |

*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:** TATIANA FESTER

P

03/14/2015

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

\_\_\_\_\_  
Date