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: EDWARD M JOFFE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000074708

Entity Name: JOFFE & JOFFE, ATTORNEYS AT LAW LLC

### Current Principal Place of Business:

4000 PONCE DE LEON BOULEVARD SUITE 470 CORAL GABLES, FL 33146

## **Current Mailing Address:**

4000 PONCE DE LEON BOULEVARD SUITE 470 CORAL GABLES, FL 33146

### FEI Number: 27-0665915

### Name and Address of Current Registered Agent:

JOFFE, EDWARD M 9969 SW 121 STREET MIAMI, FL 33176 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

### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	JOFFE, EDWARD M	Name	JOFFE, ROXANNE A
Address	9969 SW 121 STREET	Address	9969 SW 121 STREET
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

FILED Mar 29, 2016 Secretary of State CC8384368002

Certificate of Status Desired: No

Date

03/29/2016