

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082219

**Entity Name:** EMELIKE NWOSUOCHA P.A. LLC

**Current Principal Place of Business:**

160 NW 176 STREET  
SUITE 202-1  
MIAMI, FL 33169

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC4706190087**

**Current Mailing Address:**

160 NW 176 STREET  
SUITE 202-1  
MIAMI, FL 33169 US

**FEI Number:** 80-0468446

**Certificate of Status Desired:** No

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

NWOSUOCHA, EMELIKE  
15286 SW 104TH STREET  
#2-25  
MIAMI, FL 33196 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 NWOSUOCHA, EMELIKE  
Address 15286 SW 104TH STREET #2-25  
City-State-Zip: MIAMI FL 33196

*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:** EMELIKE NWOSUOCHA

**MGR**

**04/28/2014**

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date