

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115980

**Entity Name:** 2543 FABULUS, LLC

**Current Principal Place of Business:**

10140 W. BAY HARBOUR DRIVE  
#504  
BAR HARBOUR, FL 33154

**Current Mailing Address:**

10140 W. BAY HARBOUR DRIVE  
#504  
BAR HARBOUR, FL 33154

**FEI Number:** 42-1770005

**Certificate of Status Desired:** No

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

ROSEN, PHILIP C  
8551 W. SUNRISE BLVD  
SUITE 208  
FT. LAUDERDALE, FL 33322 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            RIPOLI, ROMULO C  
Address        10140 W. BAY HARBOUR DRIVE, #504  
  
City-State-Zip: BAY HARBOUR FL 33154

Title            MGRM  
Name            ANTONINI, PATRICIA H  
Address        10140 W. BAY HARBOUR DRIVE, #504  
  
City-State-Zip: BAY HARBOUR FL 33154

*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:** ANTONINI , PATRICIA H

**MANAGER**

**04/27/2015**

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

\_\_\_\_\_  
Date