## **2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010624

Entity Name: JAIMITO13,L.L.C.

## **Current Principal Place of Business:**

16275 COLLINS AVE., APT 2001 SUNNY ISLES BEACH. FL 33160

**Current Mailing Address:** 

16275 COLLINS AVE., APT 2001 SUNNY ISLES BEACH, FL 33160 US

FEI Number: 27-1783822 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVIN WAISBORD, JAIME 16275 COLLINS AVE 2001 SUNNY ISLES BEACH, FL 33160 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

FILED Mar 25, 2013

**Secretary of State** 

CC1343000067

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameLEVIN WAISBORD, JAIMENameVALENZUELA LANA, LISSETTEAddress16275 COLLINS AVE., APT 2001Address16275 COLLINS AVE., APT 2001City-State-Zip:SUNNY ISLES BEACH FL 33160City-State-Zip:SUNNY ISLES BEACH FL 33160

Title MGRM Title MGRM

Name WAISBORD LEVYN, CELIA Name LEVIN FUX, CLAUDIA

Address 16275 COLLINS AVE., APT 2001 Address 16275 COLLINS AVE., APT 2001
City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM

Name LEVIN FUX, RICARDO

Address 16275 COLLINS AVE., APT 2001 City-State-Zip: SUNNY ISLES BEACH FL 33160

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAIME LEVIN WAISBORD

**MGRM** 

03/25/2013