

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088442

**Entity Name:** CONSTANZA NINO LLC

**Current Principal Place of Business:**

16425 COLLINS AVE #2018  
SUNNY ISLES , FL 33160

**Current Mailing Address:**

16425 COLLINS AVE #2018  
SUNNY ISLES, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NINO, CONSTANZA  
16425 COLLINS AVE #2018  
SUNNY ISLES, 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

**Authorized Person(s) Detail :**

Title            MGR  
Name            NINO, CONSTANZA  
Address        16425 COLLINS AVE #2018  
City-State-Zip: SUNNY ISLES 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CONSTANZA NINO

MGR

01/02/2015

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

\_\_\_\_\_ Date