

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094518

**Entity Name:** EILEEN NEXER, P.L.

**Current Principal Place of Business:**

6801 COLLINS AVENUE  
CR-514  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6801 COLLINS AVENUE  
CR-514  
MIAMI BEACH, FL 33141 US

**FEI Number:** 45-3018769

**Certificate of Status Desired:** No

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

ROBERT L. TRESCOTT, P.L.  
2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 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 NEXER, EILEEN  
Address 6801 COLLINS AVENUE, CR-514  
City-State-Zip: MIAMI BEACH FL 33141

*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:** EILEEN NEXER

**MANAGER**

**02/12/2015**

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

\_\_\_\_\_  
Date