

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000002837

**Entity Name:** TBD HEATHER, LLC

**Current Principal Place of Business:**

461 S MASHTA DR  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

PO BOX 490745  
KEY BISCAYNE, FL 33149

**FEI Number:** 45-4258628

**Certificate of Status Desired:** No

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

SCHIFF, JAMES M  
9130 SOUTH DADELAND BLVD.  
SUITE 2000  
MIAMI, FL 33156 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 ORTEGA, LEONOR  
Address PO BOX 490745  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name DESPUJOLS, CLAUDIO  
Address PO BOX 490745  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name DESPUJOLS, BERNADETTE  
Address PO BOX 490745  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM  
Name DESPUJOLS, TAMARA  
Address PO BOX 490745  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** LEONOR ORTEGA

**MGM**

**02/18/2016**

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

\_\_\_\_\_  
Date