

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000120228

**Entity Name:** MORAVICEN II LLC

**Current Principal Place of Business:**

5011 NW 93RD DORAL CIRCLE E  
MIAMI, FL 33178

**Current Mailing Address:**

5011 NW 93RD DORAL CIRCLE EAST  
MIAMI, FL 33178 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MORALES, INGRID C  
5011 NW 93RD DORAL CIRCLE E  
MIAMI, FL 33178 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	Title	MANAGER
Name	MORALES, GILBERTO E	Name	MORALES, SYLVIA C
Address	5011 NW 93RD DORAL CIRCLE E	Address	5011 NW 93RD DORAL CIRCLE E
City-State-Zip:	MIAMI FL 33178	City-State-Zip:	MIAMI FL 33178

*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:** SYLVIA MORALES

**MANAGER**

**02/16/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date