

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152110

**Entity Name:** 14686 WD, LLC

**Current Principal Place of Business:**

8750 NW 36TH STREET  
SUITE 240  
DORAL, FL 33178

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC4853054341**

**Current Mailing Address:**

8750 NW 36TH STREE  
SUITE 240  
DORAL, FL 33178 US

**FEI Number:** 90-0915158

**Certificate of Status Desired:** Yes

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

LAW OFFICE OF VALERIA SCHVARTZMAN  
17100 COLLINS AVE STE222  
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           MANAGER  
Name           14686 DIXIE LLC  
Address        8750 NW 36TH STREET  
                  SUITE 240  
City-State-Zip: DORAL 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:** 14686 DIXIE LLC

**MANAGER**

**04/20/2015**

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

\_\_\_\_\_  
Date