

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000156384

**Entity Name:** 18356 NW, LLC

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD, 10TH FLOOR  
SUITE 1018  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD, 10TH FLOOR  
SUITE 1018  
CORAL GABLES, FL 33134 US

**FEI Number:** 99-0383686

**Certificate of Status Desired:** No

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

CMS INTERNATIONAL ENTERPRISES, INC  
550 BILTMORE WAY  
200  
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 MGR  
Name PEGASUS ADVISORY SERVICES  
Address MAIN STREET, HUNKINS PLAZA  
SUITE 556  
City-State-Zip: CHARLESTOWN

*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:** PEGASUS ADVISORY SERVICES

MANAGER

02/27/2015

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

\_\_\_\_\_  
Date