

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000001972

Entity Name: 8277 SW 128 ST, LLC

Current Principal Place of Business:

5790 SW 91 ST
MIAMI, FL 33156

Current Mailing Address:

5790 SW 91 ST
MIAMI, FL 33156 US

FEI Number: 36-4776631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHACON, ARCENIO
5790 SW 91 ST
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 MANAGER
Name CHACFOUR MANAGEMENT, LLC
Address 5790 SW 91 ST
City-State-Zip: MIAMI FL 33156

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: ARCENIO CHACON

MANAGER

03/15/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date