## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000018682

**Entity Name: CHARLESTON ENTERPRISES LLC** 

**Current Principal Place of Business:** 

10380 NW 53 STREET SUNRISE. FL 33351

**Current Mailing Address:** 

10380 NW 53 STREET SUNRISE, FL 33351 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONCARZ, CLAUDIA 450 N. PARK RD., STE 801 HOLLYWOOD, FL 33021 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

FILED May 01, 2015

**Secretary of State** 

CC5547646646

Authorized Person(s) Detail:

Title MGR Title MGR

 Name
 ABAD, ANDRES F
 Name
 MATEOS, MARIA M

 Address
 10380 NW 53 STREET
 Address
 10380 NW 53 STREET

 City-State-Zip:
 SUNRISE FL 33351
 City-State-Zip:
 SUNRISE FL 33351

Title MGR

Name MOLINA, JUAN J

Address 10380 NW 53 STREET
City-State-Zip: SUNRISE FL 33351

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: ANDRES ABAD MANAGE

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

05/01/2015 Date