## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000043460

Entity Name: 884 NW, LLC

**Current Principal Place of Business:** 

C/O VINCE MELE & ASSOCIATES 2665 S. BAYSHORE DR., #220 COCONUT GROVE, FL 33133

## **Current Mailing Address:**

2665 S. BAYSHORE DR., #220 COCONUT GROVE, FL 33133 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FELDMAN, JOEL H 401 CAMINO GARDENS BLVD BOCA RATON, FL 33432 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 Jan 08, 2014

**Secretary of State** 

CC9943284985

## Authorized Person(s) Detail:

Title MGRM

Name JAFFEE, SHELDON

Address C/O VINCE MELE & ASSOCIATES

2665 S. BAYSHORE DRIVE #220

City-State-Zip: COCONUT GROVE FL 33133

SIGNATURE: SHELDON JAFFEE

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

01/08/2014

Date