

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070265

**FILED  
Feb 20, 2015  
Secretary of State  
CC1442508227**

**Entity Name:** KELLERMANN VARELA PL

**Current Principal Place of Business:**

605 LINCOLN RD  
STE 400  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

605 LINCOLN RD  
STE 400  
MIAMI BEACH, FL 33139 US

**FEI Number:** 36-4766704

**Certificate of Status Desired:** No

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

VARELA, STEVEN E  
605 LINCOLN RD  
STE 400  
MIAMI BEACH, FL 33139 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 MGRM  
Name DESI R. KELLERMANN, P.A.  
Address 605 LINCOLN RD, STE 400  
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM  
Name STEVEN E. VARELA, PL  
Address 605 LINCOLN RD, STE 400  
City-State-Zip: MIAMI BEACH FL 33139

*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:** STEVEN E. VARELA

**MANAGER**

**02/20/2015**

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

\_\_\_\_\_  
Date