

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000077991

**Entity Name:** 15910 LOXAHATCHEE LLC

**Current Principal Place of Business:**

2875 N.E. 191 STREET  
PH1  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 N.E. 191 STREET  
PH1  
AVENTURA, FL 33180

**FEI Number:** 80-0932572

**Certificate of Status Desired:** No

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

KLEIN, TED  
8030 PETERS ROAD  
SUITE D-104  
PLANTATION, FL 33324 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 AZOUT, JACK  
Address 2875 N.E. 191 STREET, PH1B  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name GILINSKI, SAUL  
Address 2875 N.E. 191 STREET, PH1B  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name SREDNI, ERWIN  
Address 2875 N.E. 191 STREET, PH1B  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name SREDNI, ISAAC  
Address 2875 N.E. 191 STREET, PH1B  
City-State-Zip: AVENTURA FL 33180

*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:** JACK AZOUT

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date