

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111665

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC8627050386**

**Entity Name:** 2215 FISHER ISLAND DRIVE, LLC.

**Current Principal Place of Business:**

2670 NE 135TH STREET  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

2670 NE 135TH STREET  
NORTH MIAMI, FL 33181

**FEI Number:** 47-3438522

**Certificate of Status Desired:** No

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

VOLE, RB  
2670 NE 135TH STREET  
NORTH MIAMI, FL 33181 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:** RB VOLE

01/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STAMMEN, KATHRYN E  
Address 2215 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title MGRM  
Name ROBERT BENGT VOLE, PA  
Address 2215 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI BEACH FL 33109

Title AUTHORIZED REPRESENTATIVE  
Name JASIORKOWSKI, BRIAN  
Address 2215 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI BEACH FL 33109

*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:** BRIAN JASIORKOWSKI

**AUTHORIZED  
REPRESENTATIVE**

01/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date