

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114764

**Entity Name:** COBBLESTONE 827, LLC

**Current Principal Place of Business:**

41 SE 5TH STREET  
UNIT 512  
MIAMI, FL 33131

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9478684005**

**Current Mailing Address:**

41 SE 5TH STREET  
UNIT 512  
MIAMI, FL 33131 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

RCG ACCOUNTING & ASSOCIATES, INC.  
9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024 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 NUDEOLI, LLC  
Address 1725 MAIN STREET SUITE 211  
City-State-Zip: WESTON FL 33326

Title MGR  
Name NUNES, JOSE M  
Address 1725 MAIN STREET SUITE 211  
City-State-Zip: WESTON FL 33326

Title MGR  
Name DE OLIVEIRA, HILDA M  
Address 1725 MAIN STREET SUITE 211  
City-State-Zip: WESTON FL 33326

Title MGR  
Name NUNES, EDUARDO M  
Address 1725 MAIN STREET SUITE 211  
City-State-Zip: WESTON FL 33326

Title MGR  
Name NUNES, ANA E  
Address 1725 MAIN STREET SUITE 211  
City-State-Zip: WESTON FL 33326

Title MGR  
Name NUNES, MARIA A  
Address 1725 MAIN STREET SUITE 211  
City-State-Zip: WESTON FL 33326

*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: NUDEOLI, LLC**

**MGRM**

**04/30/2014**

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

\_\_\_\_\_  
Date