

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000007075

**Entity Name:** RODRIGUEZ AND BAGWAN ADMINISTRATIVE PROPERTIES, LLC

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC6516657597**

**Current Principal Place of Business:**

403 SE 1ST STREET  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

403 SE 1ST STREET  
DELRAY BEACH, FL 33483

**FEI Number: 46-4566121**

**Certificate of Status Desired: No**

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

RODRIGUEZ, RAUL J MD  
403 SE 1ST STREET  
DELRAY BEACH, FL 33483 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                   | Title           | MGR                   |
| Name            | RODRIGUEZ, RAUL J MD  | Name            | BAGWAN, VALERIE       |
| Address         | 403 SE 1ST STREET     | Address         | 403 SE 1ST STREET     |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | DELRAY BEACH FL 33483 |

*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: RAUL J. RODRIGUEZ**

**04/15/2016**

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

\_\_\_\_\_  
Date