

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000054400

Entity Name: 5830 NE 2 AVE PARTNERSHIP, LLC

Current Principal Place of Business:

24 NE 47 STREET
MIAMI, FL 33137

Current Mailing Address:

24 NE 47 STREET
MIAMI, FL 33137

FEI Number: 46-5515855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEROME, SCHILLER
24 NE 47 STREET
MIAMI, FL 33137 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	AP
Name	JEROME, SCHILLER	Name	LOUIS, GARRY
Address	24 NE 47 STREET	Address	922 NE 199 STREET
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33179

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: SCHILLER JEROME

MANAGER

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date