

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000073550

**Entity Name:** 2301 419 LLC

**Current Principal Place of Business:**

100 BAYVIEW DRIVE #2030  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

100 BAYVIEW DRIVE #2030  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 46-5661213

**Certificate of Status Desired:** No

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

HERMAN, IRINA CPA  
3370 NE 190 ST #201  
AVENTURA, FL 33180 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            AMBR  
Name            VAL, ANNA  
Address        100 BAYVIEW DRIVE #2030  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** ANNA VAL

**MEMBER**

**01/20/2015**

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

\_\_\_\_\_ Date