

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000080413

**Entity Name:** NORA FERNANDEZ & ASSOCIATES LLC

**Current Principal Place of Business:**

1100 SW 36 COURT  
APT.21  
MIAMI, FL 33135

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC7168677896**

**Current Mailing Address:**

1100 SW 36 COURT  
APT.21  
MIAMI, FL 33135 US

**FEI Number:** 47-3101815

**Certificate of Status Desired:** Yes

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

FERNANDEZ, NORA H  
1100 SW 36 COURT  
APT.21  
MIAMI, FL 33135 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 AUTHORIZED REPRESENTATIVE  
Name DE BEDOUT, MELISSA A  
Address 1100 SW 36 COURT  
APT 21  
City-State-Zip: MIAMI FL 33135

Title MANAGER  
Name FERNANDEZ, NORA  
Address 1100 SW 36 COURT  
APT 21  
City-State-Zip: MIAMI FL 33135

*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:** NORA FERNANDEZ

**MANAGER**

**04/30/2015**

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

\_\_\_\_\_  
Date