

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000133247

**Entity Name:** CUTLER BAY 22411 LLC

**Current Principal Place of Business:**

4825 SW 152 CT  
APT F  
MIAMI, FL 33185

**FILED**  
**Sep 14, 2015**  
**Secretary of State**  
**CC6454390329**

**Current Mailing Address:**

4825 SW 152 CT  
APT F  
MIAMI, FL 33185 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

ANGARITA, GABRIEL A  
4825 SW 152 CT  
APT F  
MIAMI, FL 33185 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	ANGARITA, GABRIEL A	Name	GARCIA MENDOZA, MIRNA C
Address	4825 SW 152 CT APT F	Address	4825 SW 152 CT APT F
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185

*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: ANGARITA, GABRIEL A**

**MANAGER**

**09/14/2015**

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

\_\_\_\_\_  
Date