

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000165256

Entity Name: 7950 OFFICE CENTER, LLC

Current Principal Place of Business:

6705 RED ROAD PH 604
CORAL GABLES, FL 33143

Current Mailing Address:

6705 RED ROAD PH 604
CORAL GABLES, FL 33143

FEI Number: 47-2163397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARCHAMBAULT, LOUIS
ONE BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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 MBR
Name JUNCADELLA, JOSE I
Address 2627 SOUTH BAYSHORE DRIVE APT.
1101
City-State-Zip: COCONUT GROVE FL 33133

Title MBR
Name JUNCADELLA, MARIA G
Address 2627 SOUTH BAYSHORE DRIVE APT.
1101
City-State-Zip: COCONUT GROVE FL 33133

Title MBR
Name PUENTE, F. ANTONIO
Address 9820 S.W. 106TH AVENUE
City-State-Zip: MIAMI FL 33176

Title MBR
Name ROCHE, ORLANDO
Address 7940 S.W. 97TH STREET
City-State-Zip: MIAMI FL 33156

Title MBR
Name LAY, JONATHAN C
Address 2301 COLLINS AVE APT. 834
City-State-Zip: MIAMI BEACH FL 33139

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: JOSE I. JUNCADELLA

MBR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date