

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000172932

Entity Name: 6901 SW 84 AVE, LLC

Current Principal Place of Business:

6901 SW 84 AVE.
MIAMI, FL 33143

Current Mailing Address:

P.O. BOX 430796
MIAMI, FL 33243

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMA, OLGA
6901 SW 84 AVE.
MIAMI, FL 33143 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
Name PALMA, OLGA
Address 6901 SW 84 AVE
City-State-Zip: MIAMI FL 33143

Title MGR
Name FERNANDEZ, JOSE
Address 6901 SW 84 AVE.
City-State-Zip: MIAMI FL 33143

Title MGR
Name PORTUONDO, RAFAEL
Address 6901 SW 84 AVE.
City-State-Zip: MIAMI FL 33143

Title MGR
Name PORTUONDO, ANA T
Address 6901 SW 84 AVE.
City-State-Zip: MIAMI FL 33143

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: OLGA PALMA

MANAGER

03/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date