

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175241

Entity Name: 1519 NW 8 AVE, LLC

Current Principal Place of Business:

1519 NW 8 AVE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

17350 NE 12 CT
MIAMI, FL 33162 US

FEI Number: 47-2362552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASPER, SHMUEL
17350 NE 12 CT
MIAMI, FL 33162 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 MANAGER
Name CASPER, SHMUEL
Address 17350 NE 12 CT
City-State-Zip: MIAMI FL 33162

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: SHMUEL CASPER

MANAGER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date