

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000194732

**Entity Name:** 15890 NORTH MIAMI AVENUE, LLC

**Current Principal Place of Business:**

15890 N MIAMI AVENUE  
MIAMI, FL 33169

**Current Mailing Address:**

15890 N MIAMI AVENUE  
MIAMI, FL 33169

**FEI Number:** 47-3794979

**Certificate of Status Desired:** No

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

BOBO DEGLACE, EVELYNE  
1525 NW 167TH ST STE 440  
MIAMI GARDENS, FL 33169 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 BOBO DEGLACE, EVELYNE  
Address 1525 NW 167TH STREET SUITE 440  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** EVELYNE BOBO DEGLACE

MGR

04/23/2015

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

\_\_\_\_\_ Date