

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212580

**Entity Name:** COOPHI LLC

**Current Principal Place of Business:**

644 SW 4TH AVE  
MIAMI, FL 33130

**Current Mailing Address:**

644 SW 4TH AVE  
MIAMI, FL 33130

**FEI Number:** 81-0906391

**Certificate of Status Desired:** No

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

HACKER, BRAD  
3990 SHERIDAN ST  
211A  
HOLLYWOOD, FL 33021 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	AMBR
Name	VELEZ, EDGAR	Name	MOYA, GABRIELA
Address	888 BISCAYNE BLVD APT 5407	Address	888 BISCAYNE BLVD APT 5407
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** EDGAR VELEZ

**MANAGER**

**01/08/2016**

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

\_\_\_\_\_  
Date