

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the limited liabil	ity company	· · · · · · · · · · · · · · · · · · ·	
000249521		ens, LLC		
<u> </u>	DIE IARIA	CRS, $CC$		
3. State of Formation	<ol> <li>Brief description of the charact</li> </ol>	er of business conducted in Rhode	Island	
Florida	Urban Des	ign/ town	Planners	
5. Principal office address [0 23 SW as	th Avenue	oit Miami	State FLOCI	la 33135
6. MAILING ADDRESS OF LIMIT	ED LIABILITY COMPANY AND N	IAME OR TITLE OF CONTACT PE	RSON:	<u> </u>
Contact Name  HNARES M	Wany	Contact Title  Mayaget		
Street Address	J	City	State	. Zip
1023 SW 25th	Avenue	Mlami	Florid	27126
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT	S AND ADDRESSES) OF THE L	IMITED LIABILITY COMPANY, IF.	APPLICABLE - DO	NOT LIST MEMBERS
Manager Name, Andres M. (	Dunny	Manager Name	Tachie	via.
Street Address 6612 Le Jeu	ne Road	Street Address 614 He	do Aven	
Colla Gables	State Zip 33146	Conal Gable	State	Zip 33134
Manager Name Elizabeth Plat	ea-Zyberk	Managor Name		
Street Address Le Jevi	1e Road	Street Address		
CONAL Gables	State Zip <b>33146</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE	ISLAND			
This information is currently of r	ecord in the Office of the Secre	tary of State, Changes require fill	ng Form 642	
		, The same reduce in	119 1 DITTI 042.	

**FILED** 

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File Date	Under penalty of perjury, declar and affirm that I have examined this report, including any accompanying schedules and statement
Check No	and that all statements opintal neclinere in arottrue and correct
Ву:	Signature of Authorize / Decode
FOR SECRETARY OF STATE USE ONLY	Andres MI Burny
	Filint or Type Name of Authorized <b>Perso</b> n

Form No. 632 Revised: 01/2012