

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005241

**Entity Name:** CABI DEVELOPERS, LLC

**Current Principal Place of Business:**

19950 W. COUNTRY CLUB DRIVE  
SUITE 900  
AVENTURA, FL 33180

**Current Mailing Address:**

19950 W. COUNTRY CLUB DRIVE  
SUITE 900  
AVENTURA, FL 33180 US

**FEI Number:** 52-2313576

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CABABIE DANIEL, ELIAS  
Address 19950 W COUNTRY CLUB DRIVE #900  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name CABABIE DANIEL, ABRAHAM  
Address 19950 W COUNTRY CLUB DRIVE #900  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name AMKIE LEVY, ELIAS  
Address 19950 W COUNTRY CLUB DRIVE #900  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name DAYAN TAWIL, JAIME  
Address 19950 W. COUNTRY CLUB DRIVE #900  
City-State-Zip: AVENTURA FL 33180

*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:** AMKIE LEVY, ELIAS

**MANAGER**

**04/12/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date