

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002204

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC5072401672**

**Entity Name:** NEW MIAMI RIVER VIEW LLC

**Current Principal Place of Business:**

230 PALERMO AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

230 PALERMO AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 56-2313142

**Certificate of Status Desired:** No

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

KORGE, THOMAS J  
230 PALERMO AVENUE  
CORAL GABLES, FL 33134 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 MGRM  
Name KORGE, CHRISTOPHER G  
Address 230 PALERMO AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name KORGE, THOMAS J  
Address 230 PALERMO AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name GOLDMEIER, BARRY  
Address PO BOX 279  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** THOMAS KORGE

**MANAGING MEMBER**

**04/15/2016**

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

\_\_\_\_\_  
Date