

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043747

**Entity Name:** SOUTH BEACH PLACE, LLC

**Current Principal Place of Business:**

1705 OCEAN DRIVE  
VERO BEACH, FL 32963

**Current Mailing Address:**

1000 PONCE DE LEON BLVD.  
SUITE 315  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-0381988

**Certificate of Status Desired:** No

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

SANTAMARINA, NELI  
1000 PONCE DE LEON BLVD.  
SUITE 315  
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 SANTAMARINA, NELI A  
Address 318 JEFFERSON AVE.  
SUITE 9  
City-State-Zip: MIAMI BEACH FL 33139-1251

Title MGRM  
Name PERCAL, ESTHER  
Address 6361 PINE TREE LANE  
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM  
Name CALERO, MARIA  
Address PASEO DE LAS RAMBLAS, #14,  
PASEO DEL  
City-State-Zip: PARQUE, SAN JUAN, PR 00926

*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:** NELI SANTAMARINA

**PRESIDENT**

**04/25/2017**

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

\_\_\_\_\_ Date