

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054979

**Entity Name:** MSO PARTNERS, LLC

**Current Principal Place of Business:**

1441 BRICKELL AVE., 3RD FLOOR, SKY LOBBY  
MIAMI, FL 33131

**Current Mailing Address:**

1441 BRICKELL AVE., 3RD FLOOR, SKY LOBBY  
MIAMI, FL 33131 US

**FEI Number:** 20-1412436

**Certificate of Status Desired:** Yes

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

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA FL 33602 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 AUTHORIZED REPRESENTATIVE  
Name ROCHELLE, JEFFREY  
Address 1441 BRICKELL AVE., 3RD FLOOR,  
SKY LOBBY  
City-State-Zip: MIAMI FL 33131

Title MGR, AMBR  
Name GALLO, JULIO F  
Address 1441 BRICKELL AVE., 3RD FLOOR,  
SKY LOBBY  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name WATSON, STEPHEN A  
Address 1441 BRICKELL AVE., 3RD FLOOR,  
SKY LOBBY  
City-State-Zip: MIAMI FL 33131

*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:** JEFFREY ROCHELLE

MR.

01/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date