

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000078673

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC0767400523**

**Entity Name:** LERMAN PROPERTIES, LLC

**Current Principal Place of Business:**

48 EAST FLAGLER STREET, PH #101  
MIAMI, FL 33131

**Current Mailing Address:**

48 EAST FLAGLER STREET, PH #101  
MIAMI, FL 33131

**FEI Number:** 59-2621851

**Certificate of Status Desired:** No

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

LERMAN, JORGE  
48 EAST FLAGLER STREET, PH #101  
MIAMI, FL 33131 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	Title	MANAGER, AUTHORIZED MEMBER
Name	LERMAN, JORGE	Name	LERMAN, RENEE B
Address	48 EAST FLAGLER STREET, PH #101	Address	48 EAST FLAGLER STREET, PH #101
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

Title            AUTHORIZED REPRESENTATIVE  
Name            LERMAN, BENJAMIN  
Address        48 EAST FLAGLER STREET, PH #101  
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:** JORGE LERMAN

**MANAGER**

**01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date