

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084229

**Entity Name:** GABLES, LLC

**Current Principal Place of Business:**

1728 S.W. CORAL WAY  
800  
MIAMI, FL 33145

**Current Mailing Address:**

1728 S.W. CORAL WAY  
800  
MIAMI, FL 33145 US

**FEI Number:** 20-1950845

**Certificate of Status Desired:** No

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

MURAI, WALD,BIONDO,MATTHEWS&MORENO,PA  
1200 PONCE DE LEON  
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 MGR  
Name ISAIAS, LUIS  
Address 1728 S.W. CORAL WAY STE 800  
City-State-Zip: MIAMI FL 33145

Title VP  
Name MORLA, MARIA DEL CARM  
Address 1728 S.W. CORAL WAY SUITE 800  
City-State-Zip: MIAMI FL 33145

Title MGR  
Name RIBADENEIRA, JOAQUIN  
Address 1728 S.W. CORAL WAY SUITE 800  
City-State-Zip: MIAMI FL 33145

*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:** MORLA , MARIA DEL CARMEN

VP

02/06/2015

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

\_\_\_\_\_ Date