

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067546

**Entity Name:** LOWE MIRAGE, LLC

**Current Principal Place of Business:**

9200 SOUTH DADELAND BOULEVARD  
SUITE 320  
MIAMI, FL 33156

**Current Mailing Address:**

9200 SOUTH DADELAND BOULEVARD  
SUITE 320  
MIAMI, FL 33156

**FEI Number:** 20-3117488

**Certificate of Status Desired:** No

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

KRAMER, JAMES I  
9200 SOUTH DADELAND BOULEVARD  
SUITE 320  
MIAMI, FL 33156 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	Title	AUTHORIZED MEMBER
Name	KRAMER, JAMES I	Name	LOWE, SHELDON J
Address	9200 SOUTH DADELAND BOULEVARD, SUITE 320	Address	9200 SOUTH DADELAND BOULEVARD, SUITE 320
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156
Title	AUTHORIZED MEMBER		
Name	MORELLO, MONA		
Address	9200 SOUTH DADELAND BOULEVARD, SUITE 320		
City-State-Zip:	MIAMI FL 33156		

*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:** JAMES I KRAMER

MGR

04/30/2018

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

\_\_\_\_\_  
Date