## 2017 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

FILED Apr 21, 2017

**Secretary of State** 

CC3429105691

Authorized Person(s) Detail:

Title MGR Title MGRM

Name KRAMER, JAMES I Name LOWE, SHELDON J

Address 9200 SOUTH DADELAND Address 9200 SOUTH DADELAND

BOULEVARD, SUITE 320 BOULEVARD, SUITE 320

City-State-Zip: MIAMI FL 33156 City-State-Zip: MIAMI FL 33156

Title MGRM

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.

Electronic Signature of Signing Authorized Person(s) Detail