

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049583

**Entity Name:** GABLES VIEW 1345, LLC

**Current Principal Place of Business:**

782 NW LEJEUNE ROAD, SUITE #205  
MIAMI, FL 33126

**Current Mailing Address:**

782 NW LEJEUNE ROAD, SUITE #205  
MIAMI, FL 33126 US

**FEI Number:** 20-4878866

**Certificate of Status Desired:** No

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

FLEITAS, ROBERTO T  
OCEAN BANK BUILDING  
782 NW LEJEUNE ROAD, SUITE 530  
MIAMI, FL 33126 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	MGR
Name	KASABDJI, JORGE	Name	HIMIOB, IVY
Address	782 NW 42ND AVE #205	Address	782 NW LEJEUNE ROAD, SUITE #205
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	MGR		
Name	GONZALEZ, JORGE		
Address	782 NW LE JEUNE ROAD #205		
City-State-Zip:	MIAMI FL 33126		

*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 KASABDJI

MGR

04/09/2015

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

\_\_\_\_\_  
Date