

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056479

**Entity Name:** PARK WEST MIAMI 44B LLC

**Current Principal Place of Business:**

100 SE 2ND STREET  
3510  
MIAMI , FL 33131

**Current Mailing Address:**

100 SE 2ND STREET  
3510  
MIAMI , FL 33131 US

**FEI Number:** 20-8613629

**Certificate of Status Desired:** No

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

GERSON, GARY  
3001 PGA BLVD  
305  
MIAMI , FL 33410 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 FALCONE, ARTHUR  
Address 100 SE 2ND STREET  
3510  
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:** ARTHUR FALCONE

**MANAGER**

**05/29/2020**

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

\_\_\_\_\_  
Date