

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000067546

**Entity Name:** MIAPROP LLC

**Current Principal Place of Business:**

19 WEST FLAGLER STREET  
#1212  
MIAMI, FL 33130

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC4032714054**

**Current Mailing Address:**

19 WEST FLAGLER STREET  
#1212  
MIAMI, FL 33130 US

**FEI Number: 38-3754748**

**Certificate of Status Desired: No**

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

TIMOTHY K BARKET, P.A.  
19 WEST FLAGLER STREET  
#1212  
MIAMI, FL 33130 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            MGMR  
Name            BARKET, TIMOTHY K  
Address        19 WEST FLAGLER ST #1212  
City-State-Zip: MIAMI FL 33130

Title            MGMR  
Name            BARKET, KELLY JR.  
Address        19 WEST FLAGLER STREET #1212  
City-State-Zip: MIAMI FL 33130

*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: TIMOTHY K BARKET**

**MGMR**

**04/13/2016**

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

\_\_\_\_\_  
Date