

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000069258

**Entity Name:** JADE ST. TROPEZ HOLDINGS, LLC**Current Principal Place of Business:**

C/O FOWLER WHITE BURNETT, P.A.  
1395 BRICKELL AVENUE 14TH FLOOR (JFL)  
MIAMI, FL 33131

**Current Mailing Address:**

C/O FOWLER WHITE BURNETT, P.A.  
1395 BRICKELL AVENUE 14TH FLOOR (JFL)  
MIAMI, FL 33131 US

**FEI Number:** 26-0482561**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CORPORATE MANAGEMENT INC  
8236 NW 30TH TERRACE  
DORAL, FL 33122 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:** JEANNE FUENTES LOPEZ

04/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	SACAL LEVY, MAURICIO	Name	AURIOLSKY NAVARRETE, VIVIAN
Address	C/O FOWLER WHITE BURNETT, P.A. 1395 BRICKELL AVENUE 14TH FLOOR (JFL)	Address	C/O FOWLER WHITE BURNETT, P.A. 1395 BRICKELL AVENUE 14TH FLOOR (JFL)
City-State-Zip:	MIAMI FL 33131	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:** MAURICIO SACAL LEVY

MANAGER

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date