2655 LEJEUNE SUITE 1101 CORAL GABLE	E ROAD ES, FL 33134 US			
The above name	d entity submits this statement for the purpose	of changing its registered office or regis	tered agent, or both, in the State of	Flo
SIGNATUR	E: CHARLES S. SACHER			
	Electronic Signature of Registered A	gent		
Authorized	Person(s) Detail :			
Title	MANAGER	Title	MANAGER	
Name	MASRI, OMAR K	Name	MASRI, LEYLA	
Address	8306 MILLS DRIVE # 500	Address	10750 SW 92 AVENUE	
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33176	
Title	MANAGER			

DOCUMENT# L07000075587

Entity Name: MASRI 45 STREET, LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11325 SW 97 AVE MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 165033 MIAMI. FL 33116 US

FEI Number: 14-2005396

Name and Address of Current Registered Agent:

MATTHIESEN, ZAINA M

P.O. BOX 165033

City-State-Zip: MIAMI FL 33116

SACHER, CHARLES S 265 SU CO

Name

Address

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: ZAINA M MATTHIESEN

Electronic Signature of Signing Authorized Person(s) Detail

Date

03/28/2016

FILED Mar 28, 2016 Secretary of State CC7603732438

03/28/2016 Date

Certificate of Status Desired: No

MANAGER