

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020764

**Entity Name:** SURFSIDE BEACH HOTEL MANAGEMENT, LLC

**Current Principal Place of Business:**

4835 COLLINS AVENUE  
SUITE 801  
SURFSIDE, FL 33154

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC7828412819**

**Current Mailing Address:**

P.O. BOX 140668  
CORAL GABLES, FL 33114-0668

**FEI Number: 26-2151679**

**Certificate of Status Desired: No**

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

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 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	MGRM	Title	MG
Name	MURRAY, JACQUES G	Name	LEON, MARIE CLAIRE
Address	11 RUE DU THEATRE	Address	1017 NORTH BEVERLY DRIVE
City-State-Zip:	MONTREUX 1820	City-State-Zip:	BEVERLY HILLS CA 90210

*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: LEON , MARIE CLAIRE**

**MG**

**03/10/2016**

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

\_\_\_\_\_  
Date