Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## **Current Mailing Address:**

**4835 COLLINS AVENUE** 

SUITE 801

DOCUMENT# L08000078679

PO BOX 140668 CORAL GABLES, FL 33114

# FEI Number: 26-2151983

### Name and Address of Current Registered Agent:

Entity Name: GRAND SURFSIDE HOTEL, LLC

**Current Principal Place of Business:** 

M.J .F. REGISTERED AGENT **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

# Authorized Person(s) Detail :

Authorized Person(s) Detail :				
Title	MANAGER		Title	MANAGER
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
Title	MANAGER			
Name	MIGNOLET, XAVIER			
Address	INDUSTRIALAAN 35			
City-State-Zip:	GROOT BIJGAARDEN	1702		

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: JACQUES G MURRAY

Date

Certificate of Status Desired: No

07/22/2019 Date