

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078679

**Entity Name:** GRAND SURFSIDE HOTEL, LLC

**Current Principal Place of Business:**

4835 COLLINS AVENUE  
SUITE 801  
SURFSIDE, FL 33154

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114

**FEI Number:** 26-2151983

**Certificate of Status Desired:** No

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

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

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:** MARIE -CLAIRE LEON

MGR

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date