

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074315

**Entity Name:** MSHORES, LLC

**Current Principal Place of Business:**

200 SOUTH ANDREWS AVENUE  
SUITE 903  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 SOUTH ANDREWS AVENUE  
SUITE 903  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 27-1020406

**Certificate of Status Desired:** No

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

LEVINSON, GARY A  
200 SOUTH ANDREWS AVENUE  
SUITE 903  
FORT LAUDERDALE, FL 33139 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  
Name LEVINSON, GARY  
Address 200 SOUTH ANDREWS AVENUE,  
SUITE 903  
City-State-Zip: FORT LAUDERDALE FL 33139

*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:** GARY A. LEVINSON

**MANAGER**

**01/10/2017**

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

\_\_\_\_\_  
Date