

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106834

Entity Name: LENOX 359 LLC

Current Principal Place of Business:

1600 PONCE DE LEON BLVD. 10TH FLOOR
SUITE 1009
CORAL GABLES, FL 33134

Current Mailing Address:

1600 PONCE DE LEON BLVD. 10TH FLOOR
SUITE 1009
CORAL GABLES, FL 33134

FEI Number: 27-1302465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALDIVIA, ORLANDO M
1600 PONCE DE LEON BLVD. 10TH FLOOR
SUITE 1009
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
Name SALDIVIA, ORLANDO
Address 1600 PONCE DE LEON BLVD. SUITE
1009
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name PENALVER, LUISA
Address 1600 PONCE DE LEON BLVD. SUITE
1009
City-State-Zip: CORAL GABLES FL 33134

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: LUISA PENALVER

MRG

02/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date