**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 29, 2017**
**Secretary of State**
**CC5977238905**

DOCUMENT# L10000060447

**Entity Name:** AVENUE OF THE ARTS EXECUTIVE SUITES, LLC

**Current Principal Place of Business:**

405 NORTH AVENUE OF THE ARTS (NW 7TH AVE)
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

405 NORTH AVENUE OF THE ARTS (NW7TH AVE)
FORT LAUDERDALE, FL 33311 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

NORRIS-WEEKS, BURNADETTE
401 NW 7TH AVENUE
FORT LAUDERDALE, FL 33311 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 | MGRM |
| Name | NORRIS-WEEKS, BURNADETTE | Name | EGGLESTON, KATHY |
| Address | 405 NW 7TH AVENUE | Address | 405 NW 7TH AVENUE |
| City-State-Zip: | FORT LAUDERDALE FL 33311 | City-State-Zip: | FORT LAUDERDALE FL 33311 |

*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: BURNADETTE NORRIS-WEEKS MANAGER 04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date