

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087462

**Entity Name:** 345 PALERMO, LLC

**Current Principal Place of Business:**

345 PALERMO AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

345 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-3286731

**Certificate of Status Desired:** No

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

SIMONS, BARRY LESQ.  
9100 S. DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156 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            | REYES, ANGEL          | Name            | REYES, CAROLYN        |
| Address         | 345 PALERMO AVENUE    | Address         | 345 PALERMO AVENUE    |
| City-State-Zip: | CORAL GABLES FL 33134 | 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:** ANGEL M REYES

**MANAGER**

**03/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date