

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092872

Entity Name: 230 SOUTH DIXIE, LLC**Current Principal Place of Business:**351 ALTARA AVE.,
CORAL GABLES, FL 33146**Current Mailing Address:**351 ALTARA AVE.,
CORAL GABLES, FL 33146**FEI Number:** 27-4112373**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LACASA, EDUARDO
351 ALTARA AVE.,
CORAL GABLES, 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	MGR
Name	MENENDEZ, MANUEL
Address	351 ALTARA AVE.,
City-State-Zip:	CORAL GABLES FL 33156

Title	MGRM
Name	LACASA, EDUARDO
Address	351 ALTARA AVE.
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	JUNQUERA, ANGEL
Address	351 ALTARA AVE
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	LYNCH, LESLIE
Address	351 ALTARA AVE.
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	DEMILLE, ANUSKA
Address	351 ALTARA AVE.
City-State-Zip:	CORAL GABLES FL 33146

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL MENENDEZ**MGR****04/23/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date