

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000131172

Entity Name: 231 ROYAL PALM WAY LLC**Current Principal Place of Business:**4000 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**Current Mailing Address:**4000 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**FEI Number:** 27-4363690**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROLLNICK, NEIL SESQ.
2525 PONCE DE LEON BLVD.
SUITE 400
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	MGR
Name	PINTO HERNANDEZ, RAUL A
Address	4000 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	QUINTERO FOYO, LETICIA I
Address	4000 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	PINTO QUINTERO, AXEL
Address	4000 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33146

Title	MGR
Name	PINTO QUINTERO, DAVID
Address	4000 PONCE DE LEON BOULEVARD
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: AXEL PINTO QUINTERO

MGR

02/26/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date