# 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.

Electronic Signature of Signing Authorized Person(s) Detail

## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000016213

Entity Name: 333 LAS OLAS WAY PROPERTY LLC

#### **Current Principal Place of Business:**

3365 NE 167 ST MIAMI, FL 33160

#### **Current Mailing Address:**

3365 NE 167 ST MIAMI, FL 33160

### FEI Number: APPLIED FOR

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

GUTIERREZ, JORGE A ESQ. 4649 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33146 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	: JORGE A GUTIERREZ			04/30/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AUTHORIZED MEMBER	
Name	CHESSARI, ROBERTO	Name	CHESSARI, SARA	
Address	3365 NE 167 ST	Address	3365 NE 167 ST	
City-State-Zip:	MIAMI FL 33160	City-State-Zip:	MIAMI FL 33160	

SIGNATURE: ROBERTO CHESSARI MANAGER

04/30/2018

#### FILED Apr 30, 2018 Secretary of State CC2044985841

Certificate of Status Desired: No

Date