

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031924

**Entity Name:** BOCA WEST IMP, LLC

**Current Principal Place of Business:**

21150 BISCAYNE BLVD.  
#302  
MIAMI, FL 33180

**Current Mailing Address:**

21150 BISCAYNE BLVD.  
#302  
MIAMI, FL 33180

**FEI Number:** 45-1198498

**Certificate of Status Desired:** No

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

ABBOTT, ELIOT ESQ.  
ONE E. BROWARD BLVD.  
SUITE 1010  
FT. LAUDERDALE, FL 33301 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 FRAYND, GERMAN  
Address 21150 BISCAYNE BLVD., #302  
City-State-Zip: MIAMI FL 33180

Title MGRM  
Name KASSAB, SASSON  
Address 3802 NE 207TH STREET, UNIT 802  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name OKSEMBERG, JOSEPH  
Address 21150 BISCAYNE BLVD., SUITE 302  
City-State-Zip: MIAMI FL 33180

Title MGRM  
Name GOLD, ALAN  
Address 21150 BISCAYNE BLVD., SUITE 302  
City-State-Zip: MIAMI FL 33180

*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:** GERMAN FRAYND

**MANAGER**

**01/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date