

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044388

**Entity Name:** FACE XVII LLC

**Current Principal Place of Business:**

20533 BISCAYNE BLVD.  
STE. 1234  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD  
SUITE 1234  
AVENTURA, FL 33180

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FELDMAN, ANDREW  
1111 KANE CONCOURSE  
209  
BAY HARBOR ISLANDS, FL 33154 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           MANAGER  
Name           ASHKELON, LLC  
Address       20533 BISCAYNE BLVD  
                  SUITE 1234  
City-State-Zip: AVENTURA 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:** VOVARD MACCHI, EMILIANO M

AMBR

04/22/2015

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

\_\_\_\_\_  
Date