

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000128910

**FILED
Mar 05, 2014
Secretary of State
CC0230830368**

Entity Name: CLAUDE PEPPER PRESERVATION PHASE ONE, LLC

Current Principal Place of Business:

315 S. BISCAYNE BLVD, 4TH FL
MIAMI, FL 33131

Current Mailing Address:

315 S. BISCAYNE BLVD, 4TH FL
MIAMI, FL 33131 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
221-E
PALM BEACH GARDENS, FL 33410 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 MGRM
Name CLAUDE PEPPER PHASE ONE
MANAGER, LLC
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title PRESIDENT
Name PEREZ, JORGE M.
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title VP
Name ALLEN, MATTHEW J.
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title VP, TREASURER, SECRETARY
Name HOYOS, JEFFERY
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title VP
Name MILO, JR., ALBERTO
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title VP
Name DEL POZZO, TONY
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

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: CLAUDE PEPPER PHASE ONE MANAGER, LLC BY: MGRM
JESSICA MORALES, ATTORNEY IN FACT**

03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date