

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000058120

**Entity Name:** PANORAMA TOWER AT 1101 LLC

**Current Principal Place of Business:**

100 S BISCAYNE BLVD  
STE 900  
MIAMI, FL 33131

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**9215964493CC**

**Current Mailing Address:**

100 S BISCAYNE BLVD  
STE 900  
MIAMI, FL 33131

**FEI Number:** 46-2075997

**Certificate of Status Desired:** No

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

HOLLO, JEROME  
100 S BISCAYNE BLVD  
MIAMI, FL 33131 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 HOLLO, TIBOR  
Address 100 S BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HOLLO, WAYNE  
Address 100 S BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HOLLO, JEROME  
Address 100 S BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name KATZ, LEONARD  
Address 100 S BISCAYNE BLVD  
STE 900  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name DAHAN, PHILIP  
Address 100 S BISCAYNE BLVD  
STE 900  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name WARHAFT, DEAN  
Address 100 S BISCAYNE BLVD  
STE 900  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name TWJ 1101 LLC  
Address 100 S BISCAYNE BLVD  
STE 900  
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:** LEONARD KATZ

**MGR**

**02/18/2019**

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

\_\_\_\_\_  
Date