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: ALBERT M. CLARAMONTE

T

AUTHORIZED MEMBER/MANAGER 04/22/2016

DOCUMENT# L12000073092

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 405 NORTH HIBISCUS, LLC

Current Principal Place of Business:

375 NORTH HIBISCUS DRIVE MIAMI BEACH. FL 33139

Current Mailing Address:

375 NORTH HIBISCUS DRIVE MIAMI BEACH. FL 33139 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

CLARAMONTE, ALBERT M 375 N HIBISCUS DR. MIAMI BEACH, FL 33139 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	ALBERT M CLARAMONTE			04/22/2016
	Electronic Signature of Registered Agent			Date
Authorized F	Person(s) Detail :			
Title	AUTHORIZED MEMBER, MANAGER	Title	MEMBER	
Name	CLARAMONTE, ALBERT M	Name	CLARAMONTE, JULIAN A	
Address	375 NORTH HIBISCUS DRIVE	Address	375 NORTH HIBISCUS DRIVE	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2016 Secretary of State CC5855966172

Certificate of Status Desired: No

Date