

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000073164

**FILED**  
**May 15, 2015**  
**Secretary of State**  
**CC3589004932**

**Entity Name:** EDEN BEACH LLC

**Current Principal Place of Business:**

540 NW 165TH STREET RD  
307  
MIAMI, FL 33169

**Current Mailing Address:**

PO BOX 800639  
AVENTURA, FL 33280 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HUPPERT, JOSEPH  
17611 SW 48 STREET  
SOUTHWEST RANCHES, FL 33331 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, MANAGER  
Name GOLDIN, FERNANDO  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGER  
Name MEIDLER, BERNARDO  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGING MEMBER  
Name GOLDEN GLADE JAI LLC  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGING MEMBER  
Name AMID REALTY INVESTMENTS LLC  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGING MEMBER  
Name CYNOVICH, YOEL  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGING MEMBER  
Name PROPRIA RE LLC  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGING MEMBER  
Name MARAVILLA BEACH LLC  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

Title MANAGING MEMBER  
Name ALBE RE LLC  
Address 540 NW 165TH STREET RD  
307  
City-State-Zip: MIAMI FL 33169

**Continues on page 2**

*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:** BERNARDO MEIDLER

**MANAGER**

**05/15/2015**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           LITVAN, ARMANDO  
Address        540 NW 165TH STREET RD  
                  307  
City-State-Zip: MIAMI FL 33169

Title           MANAGER  
Name           LITVAN, NICOLAS  
Address        540 NW 165TH STREET RD  
                  307  
City-State-Zip: MIAMI FL 33169

Title           MANAGER  
Name           CYNOVICH, YOEL  
Address        540 NW 165TH STREET RD  
                  307  
City-State-Zip: MIAMI FL 33169