

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091357

**Entity Name:** LOWERCREEK ENTERPRISES, LLC

**Current Principal Place of Business:**

6365 COLLINS AVENUE  
1511  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

500 BAYVIEW DRIVE  
220  
SUNNY ISLES BEACH, FL 33160 FL

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MINONES, CLAUDIO A  
9509 HARDING AVENUE  
SURFSIDE, 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 MGRM  
Name APPELLA, DANTE N  
Address 6365 COLLINS AVENUE # 1511  
City-State-Zip: MIAMI BEACH FL 33141

Title MGR  
Name APPELLA, LUCAS N  
Address 6365 COLLINS AVENUE # 1511  
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM  
Name PANE, DANIEL F  
Address 6365 COLLINS AVENUE # 1511  
City-State-Zip: MIAMI BEACH FL 33141

Title AUTHORIZED REPRESENTATIVE  
Name MINONES, CLAUDIO A  
Address 500 BAYVIEW DRIVE  
220  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** MINONES , CLAUDIO A

**AUTHORIZED  
REPRESENTATIVE**

**03/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date