

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000100819

**Entity Name:** 400 S. POINTE, LLC

**Current Principal Place of Business:**

300 S. POINTE DRIVE  
UNIT 1603  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

300 S. POINTE DRIVE  
UNIT 1603  
MIAMI BEACH, FL 33139 US

**FEI Number:** 40-0817801

**Certificate of Status Desired:** No

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

DOMINGUEZ, CARLOS J  
300 S. POINTE DRIVE  
UNIT 1603  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CDMD MANAGEMENT, LLC  
Address 300 S. POINTE DRIVE, UNIT 1603  
City-State-Zip: MIAMI BEACH FL 33139

*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:** CARLOS J DOMINGUEZ

**MANAGER**

**03/03/2015**

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

\_\_\_\_\_  
Date