# Electronic Signature of Signing Authorized Person(s) Detail

90 EDGEWATER DR

Entity Name: GABLES WATERWAY 825,LLC

**Current Principal Place of Business:** 

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#524 CORAL GABLES, FL 33133

#### **Current Mailing Address:**

DOCUMENT# L12000121514

90 EDGEWATER DR #524 CORAL GABLES, FL 33133 US

#### FEI Number: 46-1016429

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ADLER GASMAN, SHERYL 90 EDGEWATER DRIVE #524 CORAL GABLES, FL 33133 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:

## Authorized Person(s) Detail ·

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	ADLER GASMAN, SHERYL	Name	GASMAN, ROBERT I
Address	90 EDGEWATER DR #524	Address	90 EDGEWATER DR #524
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	CORAL GABLES FL 33133

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: SHERYL ADLER GASMAN

Date

## FILED Jan 05, 2021 Secretary of State 1455174122CC

Date

Certificate of Status Desired: No

01/05/2021