Electronic Signature of Signing Authorized Person(s) Detail

#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000121514

Entity Name: GABLES WATERWAY 825,LLC

#### **Current Principal Place of Business:**

90 EDGEWATER DR #524 CORAL GABLES, FL 33133

## **Current Mailing Address:**

90 EDGEWATER DR #524 CORAL GABLES, FL 33133 US

## FEI Number: 46-1016429

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

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

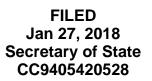
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

# Electronic Signature of Registered Agent

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



Certificate of Status Desired: No

01/27/2018 Date

Date