

2014 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

Certificate of Status Desired: No

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

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name ADLER GASMAN, SHERYL
Address 90 EDGEWATER DR #524
City-State-Zip: CORAL GABLES FL 33133

Title MGRM
Name GASMAN, ROBERT I
Address 90 EDGEWATER DR #524
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

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date