

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000155812

**Entity Name:** 1036 NORTH MIAMI AVENUE, LLC

**Current Principal Place of Business:**

1036 N. MIAMI AVENUE  
MIAMI, FL 33136

**Current Mailing Address:**

1035 N. MIAMI AVENUE  
SUITE 401  
MIAMI, FL 33136 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MACLEOD, CHRISTOPHER  
1035 NORTH MIAMI AVENUE  
SUITE 401  
MIAMI, FL 33136 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           MANAGER  
Name           1100 NORTH MIAMI AVENUE LLC  
Address        1035 N. MIAMI AVENUE  
                  SUITE 401  
City-State-Zip: MIAMI FL 33136

*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:** CHRISTOPHER MACLEOD

MANAGER

09/04/2015

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

\_\_\_\_\_ Date