

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000156916

**Entity Name:** 1554 W. FLAGLER ST., LLC

**Current Principal Place of Business:**

2029 WEST FLAGLER STREET  
MIAMI, FL 33135

**Current Mailing Address:**

PO BOX 430827  
MIAMI, FL 33243 US

**FEI Number:** 46-2230434

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 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           KLOTZ, MARIANN  
Address       PO BOX 430827  
City-State-Zip: MIAMI FL 33243

Title           MANAGER  
Name           KLOTZ, MICHAEL D  
Address       PO BOX 430827  
City-State-Zip: MIAMI FL 33243

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIANN KLOTZ

MANAGER

03/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date