

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161063

**Entity Name:** MEMORY LANE COTTAGE, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD  
#950  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD  
#950  
CORAL GABLES, FL 33134

**FEI Number:** 46-3976060

**Certificate of Status Desired:** No

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

GREENBERG, PATRICIA  
999 PONCE DE LEON BLVD  
#950  
CORAL GABLES, FL 33134 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 MGR  
Name GREENBERG, PATRICIA  
Address 999 PONCE DE LEON BLVD, #950  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name MCCOIN, OLIE B  
Address 999 PONCE DE LEON BLVD  
#950  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name KATZ, EZRA  
Address 2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE 2A  
City-State-Zip: MIAMI 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:** PATRICIA GREENBERG

MGR

02/23/2017

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

\_\_\_\_\_  
Date