

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000001510

Entity Name: 403 VENTANA, LLC**Current Principal Place of Business:**414 SEVENS ISLES DRIVE
FT. LAUDERDALE, FL 33301**Current Mailing Address:**414 SEVENS ISLES DRIVE
FT. LAUDERDALE, FL 33301**FEI Number:** 46-4951888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WINOGRAD, BRADLEY M
414 SEVENS ISLES DRIVE
FT. LAUDERDALE, FL 33301 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	AUTHORIZED MEMBER
Name	WINOGRAD, BRADLEY M
Address	414 SEVENS ISLES DRIVE
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	AUTHORIZED MEMBER
Name	KAUFMAN, CARRIE W
Address	503 ACLAND BOULEVARD
City-State-Zip:	BALLSTON SPA NY 12020

Title	AUTHORIZED MEMBER
Name	WINOGRAD , RISA B
Address	6447 WEST 84TH STREET
City-State-Zip:	LOS ANGELES CA 90045

Title	AUTHORIZED MEMBER
Name	DE LANGIS , MAUREEN ANN
Address	6461 WEST 84TH STREET
City-State-Zip:	LOS ANGELES CA 90045

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: BRADLEY WINOGRAD**MEMBER****02/09/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date