

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000016550

**Entity Name:** GABLES63, LLC

**Current Principal Place of Business:**

2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2605 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-0548885

**Certificate of Status Desired:** No

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

TRESCOTT, ROBERT L  
2605 PONCE DE LEON BOULEVARD  
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 MGRM  
Name TRESCOTT, ROBERT L  
Address 2605 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name BERMONT, PETER  
Address 3427 N. MOORING WAY  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name HAMILTON, MCHENRY  
Address 9485 S.W. 72ND STREET  
City-State-Zip: MIAMI FL 33173

*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:** MCHENRY HAMILTON

**MANAGER**

**01/13/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date