## 2014 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.

Title

Name

Address

City-State-Zip:

**MGRM** 

BERMONT, PETER

MIAMI FL 33133

3427 N. MOORING WAY

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 12, 2014

**Secretary of State** 

CC5242537561

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 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

**MGRM** 

02/12/2014