

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000049138

**Entity Name:** MIDTOWN 2705, LLC

**Current Principal Place of Business:**

10120 W. BROADVIEW DR.  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

10120 W. BROADVIEW DR.  
BAY HARBOR ISLAND, FL 33154

**FEI Number:** 46-2508425

**Certificate of Status Desired:** No

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

CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC  
4651 SHERIDAN STREET  
SUITE 355  
HOLLYWOOD, FL 33021 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 COHEN, SUSANA  
Address 10120 W. BROADVIEW DR.  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title MGR  
Name COHEN, FABIANA  
Address 10120 W. BROADVIEW DR.  
City-State-Zip: BAY HARBOR ISLAND FL 33154

Title MGR  
Name COHEN, NORA  
Address 10120 W. BROADVIEW DR.  
City-State-Zip: BAY HARBOR ISLAND FL 33154

*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:** SUSANA COHEN

**MGR**

**03/22/2018**

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

\_\_\_\_\_  
Date