

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 27, 2017
Secretary of State
CC5242921135

Entity Name: 1750 UNIVERSITY OWNER LLC

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD., STE. 1600 (FER)
MIAMI, FL 33131

Current Mailing Address:

2199 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134

FEI Number: 30-0794818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIRULNIK, ALEX D ESQ
2199 PONCE DE LEON BLVD., STE. 301
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	MANAGER	Title	MANAGER
Name	SIRULNIK, ALEX D ESQ.	Name	MEKLER, CLAUDIO
Address	2199 PONCE DE LEON BLVD SUITE 301	Address	2199 PONCE DE LEON BLVD., SUITE 301
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: ALEX SIRULNIK

MANAGER

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date