

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000120130

**Entity Name:** ST. ILDA, LLC

**Current Principal Place of Business:**

3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180

**Current Mailing Address:**

3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180

**FEI Number:** 46-3608260

**Certificate of Status Desired:** No

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

BRIER, ADRIANA  
3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180 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 BRIER, JOHN R  
Address 3600 MYSTIC POINTE DRIVE, STE. LP-6  
City-State-Zip: AVENTURA FL 33180

*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:** BRIER JOHN

MGR

07/07/2017

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

\_\_\_\_\_  
Date