## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000120130

Entity Name: ST. ILDA, LLC

**FILED** Feb 08, 2018 **Secretary of State** CC8480795451

#### **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

BRIER, JOHN R Name

3600 MYSTIC POINTE DRIVE, STE. LP-Address

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.

02/08/2018 SIGNATURE: BRIER, JOHN R **MGR**