

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142775

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC0767398358**

**Entity Name:** SHARED OFFICE MIAMI LLC

**Current Principal Place of Business:**

66 WEST FLAGLER ST., 12TH FLOOR  
MIAMI, FL 33130

**Current Mailing Address:**

66 WEST FLAGLER ST., 12TH FLOOR  
MIAMI, FL 33130 US

**FEI Number:** 46-3895005

**Certificate of Status Desired:** No

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

PAGAN, LILLIAN  
2665 SW 37TH AVE., APT. 302  
MIAMI, FL 33133 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 MGRM  
Name PAGAN, LILLIAN  
Address 2665 SW 37TH AVE., APT. 302  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name GUZMAN, CLAUDIA  
Address 2665 SW 37TH AVE., APT. 302  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name GUZMAN, DANILO  
Address 2665 SW 37TH AVE., APT. 302  
City-State-Zip: MIAMI FL 33133

*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:** PAGAN , LILLIAN

**PRESIDENT**

**05/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date