

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000026510

**Entity Name:** MM/AM BOCA POINTE LLC

**Current Principal Place of Business:**

396 ALHAMBRA CIR, STE. 900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

396 ALHAMBRA CIR, STE. 900  
CORAL GABLES, FL 33134

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GRAELER, KATE  
2665 NW 56TH STREET  
HANGAR #54  
FORT LAUDERDALE, FL 33309 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:** KATE GRAELER

08/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MAROONE, MICHAEL E  
Address 396 ALHAMBRA CIR, STE. 900  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name MAROONE, ALBERT E  
Address 396 ALHAMBRA CIR, STE. 900  
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:** MICHAEL MAROONE

**MANAGER**

08/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date