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: JOHN P ARCIA

MGR

Electronic Signature of Signing Authorized Person(s) Detail

SUITE #2000 MIAMI, FL 33130 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ARCIA, JOHN P	Name	LOWE, SARA
Address	P.O. BOX 330927	Address	224 DATURA STREET, SUITE 1109
City-State-Zip:	MIAMI FL 33233	City-State-Zip:	WEST PALM BEACH FL 33401

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000032130

Entity Name: BLUEWATERS MIAMI, LLC

Current Principal Place of Business:

175 S.W. 7TH STREET SUITE #2000 MIAMI, FL 33130

Current Mailing Address:

P.O. BOX 330927 MIAMI, FL 33233 US

JOHN PAUL ARCIA, PA 175 S.W. 7TH STREET

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Date

FILED Apr 22, 2015 Secretary of State CC2872850129

Certificate of Status Desired: No

Date