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.

MANAGER

SIGNATURE: MIGUEL CAPRILES

Electronic Signature of Signing Authorized Person(s) Detail

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000069941

Entity Name: 1125 BELLE MEADE, LLC

#### **Current Principal Place of Business:**

1425 BRICKELL AVENUE 55C MIAMI, FL 33131

# **Current Mailing Address:**

1425 BRICKELL AVENUE 55C MIAMI, FL 33131

# FEI Number: 32-0452922

# Name and Address of Current Registered Agent:

CAPRILES, MIGUEL 1425 BRICKELL AVE. 55C MIAMI, FL 33131 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: MIGUEL CAPRILES

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMANAGERNameCAPRILES, MIGUEL AAddress1425 BRICKELL AVENUE, 55C

City-State-Zip: MIAMI FL 33131

Feb 16, 2016 Secretary of State CC6387309842

FILED

Certificate of Status Desired: No

02/16/2016 Date

02/16/2016 Date