

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000074600

**Entity Name:** MIF X, LLC

**Current Principal Place of Business:**

3975 LEAFY WAY  
MIAMI, FL 33133

**Current Mailing Address:**

3975 LEAFY WAY  
MIAMI, FL 33133 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

O'KEEFE, DOUGLAS L  
3975 LEAFY WAY  
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 MGR  
Name O'KEEFE, DOUGLAS L  
Address 3975 LEAFY WAY  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name KARABEES, JOHN J  
Address 3975 LEAFY WAY  
City-State-Zip: MIAMI FL 33133

Title TREASURER  
Name SILVERMAN, SCOTT  
Address 3975 LEAFY WAY  
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:** SCOTT SILVERMAN

MANAGER

02/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date