

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000142862

**Entity Name:** 233 MADEIRA AVE LLC

**Current Principal Place of Business:**

233 MADEIRA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

POST OFFICE BOX 430280  
SOUTH MIAMI, FL 33243

**FEI Number:** 47-1893419

**Certificate of Status Desired:** No

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

AMIRIANFAR, ARMAN  
335 S BISCAYNE BLVD  
2905  
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:** ARMAN AMIRIANFAR

04/30/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                             |                 |                        |
|-----------------|-----------------------------|-----------------|------------------------|
| Title           | MGR                         | Title           | AMBR                   |
| Name            | AMIRIANFAR, ARMAN           | Name            | AMIRIANFAR, KEYVAN     |
| Address         | 335 S BISCAYNE BLVD<br>2905 | Address         | POST OFFICE BOX 430280 |
| City-State-Zip: | MIAMI FL 33131              | City-State-Zip: | SOUTH MIAM FL 33243    |

*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:** ARMAN AMIRIANFAR

REGISTERED AGENT

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date