

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000096058

**Entity Name:** 1090 NW N RIVER DRIVE 302, LLC

**Current Principal Place of Business:**

1090 NW NORTH RIVER DRIVE  
302  
MIAMI, FL 33136

**Current Mailing Address:**

1090 NW NORTH RIVER DRIVE  
302  
MIAMI, FL 33136 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

THOMAS G. SHERMAN, P.A.  
90 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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            AMBR  
Name            EUROPE IN BUENA VISTA, LLC  
Address        1090 NW NORTH RIVER DRIVE  
                  302  
City-State-Zip: MIAMI FL 33136

*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 SHERMAN

**AUTHORIZED REP. OF  
MEMBER**

**08/11/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date