

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000097386

**Entity Name:** MIAMI SPE, LLC

**Current Principal Place of Business:**

100 SE 2ND STREET  
3510  
MIAMI , FL 33131

**Current Mailing Address:**

100 SE 2ND STREET  
3510  
MIAMI , FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RISI, NICHOLAS S ESQ  
C/O STEARNS WEAVER MILLER WEISSLER ALHADE  
150 WEST FLAGLER STREET STE 2200  
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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FALCONE, ARTHUR J  
Address        ONE TOWN CENTER ROAD  
                  SUTIE 600  
City-State-Zip: BOCA RATON FL 33486

*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:** ARTHUR J. FALCONE

**MANAGER**

**02/08/2018**

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

\_\_\_\_\_  
Date