

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000113159

**Entity Name:** CONWAY BREEZE MANAGER, LLC

**Current Principal Place of Business:**

11900 BISCAYNE BLVD,  
SUITE 289  
MIAMI, FL 33181

**Current Mailing Address:**

11900 BISCAYNE BLVD,  
SUITE 289  
MIAMI, FL 33181 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALHADEFF, MARK  
11900 BISCAYNE BLVD,  
SUITE 289  
MIAMI, FL 33181 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                  | Title           | MGR                       |
| Name            | ROUSSO, MARK         | Name            | PECKEL, ISAAC             |
| Address         | 11900 BISCAYNE BLVD, | Address         | 18851 NE 29 AVE SUITE 402 |
| City-State-Zip: | MIAMI FL 33181       | City-State-Zip: | AVENTURA FL 33180         |

*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:** PECKEL , ISAAC

MGR

03/17/2017

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

\_\_\_\_\_  
Date