

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000151979

**Entity Name:** CLUB TROPIGALA LLC

**Current Principal Place of Business:**

5445 COLLINS AVENUE  
CU1 - CU2  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5445 COLLINS AVENUE  
CU1 - CU2  
MIAMI BEACH, FL 33140

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FULLER, JOSHUA ESQ  
1691 MICHIGAN AVENUE  
SUITE 360  
MIAMI BEACH, FL 33139 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 RAMOS, ENRIQUE A  
Address 5445 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title AMBR  
Name CACHALDORA, JOSE L  
Address 5445 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title AMBR  
Name BHI INVESTMENT SERVICES, LLC  
Address 1691 MICHIGAN AVENUE  
SUITE 360  
City-State-Zip: MIAMI BEACH FL 33139

*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:** JOSHUA FULLER

**REGISTERED AGENT**

**04/14/2016**

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

\_\_\_\_\_  
Date