2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000091694

Entity Name: 101 HOLLYWOOD LLC

Current Principal Place of Business:

3625 NW 82 AVE SUITE: 305 DORAL, FL 33166

Current Mailing Address:

PO BOX 527706 MIAMI, FL 33152 US

FEI Number: 81-2618470

Name and Address of Current Registered Agent:

PRESTIGE MANAGEMENT, LLC 3625 NW 82 AVE SUITE: 305 DORAL, FL 33166 US FILED May 01, 2017 Secretary of State CC7982298750

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MANAGER, UNITS 1 & 4	Title	MANAGER, UNIT 2
Name	SALAZAR, JACKE	Name	BARROETA, REINALDO
Address	3625 NW 82 AVE SUITE: 305	Address	3625 NW 82 AVE SUITE: 305
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	MANAGER, UNITS 3 & 5	Title	MANAGER, UNIT 6
Name	BENZAQUEN, GUILA	Name	ROSALES, LUIS
Address	3625 NW 82 AVE SUITE: 305	Address	3625 NW 82 AVE SUITE: 305
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	MANAGER, UNIT 7	Title	MANAGER, UNIT 8
Name	CEREJEIRA LLC	Name	VALE STRATEGIC GROUP, LLC
Address	3625 NW 82 AVE SUITE: 305	Address	3625 NW 82 AVE SUITE: 305
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	MANAGER, UNITS 9 & 10		
Name	D'ALTO, MAURO		
Address	3625 NW 82 AVE SUITE: 305		

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: LEOPOLDO RONPEDRIQUE

City-State-Zip: DORAL FL 33166

REGISTER AGENT

05/01/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail