## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000123355

Entity Name: FI SR7, LLC

# **Current Principal Place of Business:**

2 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131

### **Current Mailing Address:**

2 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131 US

### FEI Number: 81-3065462

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

CHOUKROUN, DIDIER 2 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131 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

## Authorized Person(s) Detail :

| Authorized Person(s) Detail : |                                 |                 |   |
|-------------------------------|---------------------------------|-----------------|---|
| Title                         | AP                              | Title           | MGR                                       |
| Name                          | CHOUKROUN, DIDIER               | Name            | ESTHER EGOZI CHOUKROUN<br>REVOCABLE TRUST |
| Address                       | 2 S BISCAYNE BLVD<br>SUITE 2000 | Address         | 21 LA GORCE CIRCLE                        |
|                               |                                 | Address         |   |
| City-State-Zip:               | MIAMI FL 33131                  | City-State-Zip: | MIAMI BEACH FL 33141                      |
|                               |                                 |                 |   |
| Title                         | MGR                             |                 |   |
| Name                          | HERVE PUYPLAT CLOUD             |                 |   |
|                               | REVOCABLE TRUST                 |                 |   |
| Address                       | 15 HUDSON AVE                   |                 |   |
| City-State-Zip:               | OCEAN RIDGE FL 33435            |                 |   |

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: DIDIER CHOUKROUN

MGR

03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date