

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000102237

Entity Name: AVENIR DEVELOPMENT, LLC

Current Principal Place of Business:

777 S FLAGLER DR STE 500 E
WEST PALM BEACH, FL 33401

Current Mailing Address:

777 S FLAGLER DR STE 500 E
WEST PALM BEACH, FL 33401 US

FEI Number: 82-1507130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
600 BRICKELL AVE STE 3500
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

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name MATO, MANUEL
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name SERVIANSKY, DAVID
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT AND TREASURER
Name STERN, EDUARDO
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name CEPERO, VIRGINIA
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name STERN, RODOLFO
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT AND SECRETARY
Name HORWITZ, ROBERTO
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name LOPEZ, E. DANIEL
Address 777 S FLAGLER DR STE 500 E
City-State-Zip: WEST PALM BEACH FL 33401

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: MANUEL M. MATO

PRESIDENT

04/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date