

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000107304

**Entity Name:** SOFLO GABLES LLC

**Current Principal Place of Business:**

125 MIRACLE MILE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

125 MIRACLE MILE  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-1596977

**Certificate of Status Desired:** No

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

GAGNON, KAARI  
100 SE 2ND STREET  
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	AMBR	Title	AMBR
Name	BRAET, DAVE C	Name	BRAET, DAVE M
Address	201 SE 2ND AVE UNIT 2901	Address	201 SE 2ND AVE UNIT 2901
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** DAVE BRAET

**OWNER**

**02/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date