

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000071598

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**4746927119CC**

**Entity Name:** URBIN COMMODORE RESTAURANT SPE, LLC

**Current Principal Place of Business:**

C/O BERNICE LEE, SOLELY IN HER CAPACITY AS THE COURT APPOINTED RECEIVER OVER URBIN COCONUT GROVE PARTNERS, LLC, WHICH IS A MEMBER OF URBIN COMMODORE RESTAURANT SPE, LLC  
2525 PONCE DE LEON BLVD. 9TH FLOOR  
MIAMI, FL 33134

**Current Mailing Address:**

C/O BERNICE LEE, SOLELY IN HER CAPACITY AS THE COURT APPOINTED RECEIVER OVER URBIN COCONUT GROVE PARTNERS, LLC, WHICH IS A MEMBER OF URBIN COMMODORE RESTAURANT SPE, LLC  
2525 PONCE DE LEON BLVD. 9TH FLOOR  
MIAMI, FL 33134 US

**FEI Number:** 83-4505354

**Certificate of Status Desired:** No

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

LEE, BERNICE  
C/O BERNICE LEE, SOLELY IN HER CAPACITY AS THE COURT APPOINTED RECEIVER OVER URBIN COCONUT GROVE PARTNERS, LLC, WHICH IS A MEMBER OF URBIN COMMODORE RESTAURANT SPE, LLC  
2525 PONCE DE LEON BLVD. 9TH FLOOR  
MIAMI, FL 33134 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: /S/ BERNICE LEE

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title COURT APPOINTED RECEIVER  
Name LEE, BERNICE  
Address 2525 PONCE DE LEON BLVD.  
9TH FLOOR  
City-State-Zip: MIAMI FL 33134

*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: /S/ BERNICE LEE

COURT APPOINTED  
RECEIVER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date