

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000163017

**Entity Name:** GOLD COAST PREMIER PROPERTIES XII, LLC**Current Principal Place of Business:**16115 SW 117TH AVENUE  
UNIT A-7  
MIAMI, FL 33177**Current Mailing Address:**16115 SW 117TH AVENUE  
UNIT A-7  
MIAMI, FL 33177 US**FEI Number:** 84-2248838**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLD COAST PREMIER MANAGEMENT, LLC  
16115 SW 117TH AVENUE  
UNIT A-7  
MIAMI, FL 33177 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           | MGR, CEO                          |
| Name            | GARCIA, RAUL                      |
| Address         | 16115 SW 117TH AVENUE<br>UNIT A-7 |
| City-State-Zip: | MIAMI FL 33177                    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | MGR, PRES, COO                    |
| Name            | GARCIA, VERONICA M                |
| Address         | 16115 SW 117TH AVENUE<br>UNIT A-7 |
| City-State-Zip: | MIAMI FL 33177                    |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | EVP, CFO                          |
| Name            | LAM, WAISON                       |
| Address         | 16115 SW 117TH AVENUE<br>UNIT A-7 |
| City-State-Zip: | MIAMI FL 33177                    |

*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:** WAISON LAM

CFO

03/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date