## 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000312

Entity Name: I 595 EXPRESS, LLC

**Current Principal Place of Business:** 

10368 STATE ROAD 84 **BUILDING ONE, SUITE 20** DAVIE, FL 33324

**Current Mailing Address:** 

ONE ALHAMBRA PLAZA, SUITE 1200 CORAL GABLES, FL 33134

FEI Number: 26-4139252 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIDAL, ANDRES ONE ALHAMBRA PLAZA **SUITE 1200** CORAL GABLES, 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: ANDRES VIDAL 03/02/2016

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title Title MGR MGR

MUELAS, ALVARO Name Name VILLAAMIL, RAMON

ONE ALHAMBRA PLAZA, SUITE 1200 ONE ALHAMBRA PLAZA, SUITE 1200 Address Address

City-State-Zip: City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134

MGR Title MGR Title

Name MOSHIASHVILI, MARIETTA Name HALTIWANGER, NURIA

Address 730 THIRD AVENUE, 4TH FLOOR ONE ALHAMBRA PLAZA, SUITE 1200 Address

City-State-Zip: NEW YORK NY 10017 City-State-Zip: CORAL GABLES FL 33134

Title MGR Title MGR

DEIHL, W. ANDREW Name Name BAHENA, ISELA

Address 8500 ANDREW CARNEGIE BLVD. 3RD 730 THIRD AVENUE, 4TH FLOOR Address

**FLOOR** 

**MGR** 

NEW YORK NY 10017 City-State-Zip: City-State-Zip: CHARLOTTE NC 28262

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.

Electronic Signature of Signing Authorized Person(s) Detail

03/02/2016

Date

**FILED** Mar 02, 2016

**Secretary of State** 

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