

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001893

**Entity Name:** 2641 N FLAMINGO HOLDINGS, LLC

**Current Principal Place of Business:**

2200 BISCAYNE BLVD  
MIAMI, FL 33137

**Current Mailing Address:**

2200 BISCAYNE BLVD  
MIAMI, FL 33137

**FEI Number:** 45-1678391

**Certificate of Status Desired:** No

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

SHEITELMAN, MICHAEL  
2200 BISCAYNE BLVD  
MIAMI, FL 33137 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:** MICHAEL SHEITELMAN

04/04/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAHN, SONNY  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name GALBUT, RUSSELL  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name MENIN, BRUCE  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title TREASURER  
Name DE ALMAGRO, PABLO  
Address 2200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title S  
Name DACHOH, SHLOMO  
Address 2200 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title MANAGER  
Name BITTON, TOMER  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title PRESIDENT  
Name DUCHMAN, BRIAN  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title VP  
Name NOLIN, PHYLLIS  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

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*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:** RUSSELL W. GALBUT

MGR

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name SHEITELMAN, MICHAEL  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED REPRESENTATIVE  
Name KLEIN, CASEY  
Address 2200 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137