## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003084

Entity Name: 1190 E WASHINGTON HOLDINGS, LLC

**Current Principal Place of Business:** 

2200 BISCAYNE BLVD MIAMI. FL 33137

**Current Mailing Address:** 

2200 BISCAYNE BLVD MIAMI, FL 33137

FEI Number: 45-2550614 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEITELMAN, MICHAEL 2200 BISCAYNE BLVD MIAMI, FL 33137 US

City-State-Zip:

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 04/20/2015

Electronic Signature of Registered Agent

Date

**FILED** Apr 20, 2015

**Secretary of State** 

CC0841264261

Authorized Person(s) Detail :

MIAMI FL 33137

Title MGR Title MGR

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

Title MGR Title MGR

Name BITTON, TOMER MENIN, BRUCE Name

Address 2200 BISCAYNE BLVD. Address 2200 BISCAYNE BLVD

MIAMI FL 33137 City-State-Zip: MIAMI FL 33137 City-State-Zip:

VΡ Title **PRESIDENT** Title

Name NOLIN, PHYLLIS Name DUCHMAN, BRIAN Address 2200 BISCAYNE BLVD 2200 BISCAYNE BLVD Address

City-State-Zip: MIAMI FL 33137 City-State-Zip: MIAMI FL 33137

Title **SECRETARY** Title

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

MIAMI FL 33137 City-State-Zip:

## Continues on page 2

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.

04/20/2015 SIGNATURE: RUSSELL GALBUT **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

TitleTREASURERTitleASST. TREASURERNameZDON, JOSEPHNameDE ALMAGRO, PABLOAddress2200 BISCAYNE BLVDAddress2200 BISCAYNE BLVDCity-State-Zip:MIAMI FL 33137City-State-Zip:MIAMI FL 33137