

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400003509

**Entity Name:** LOEWE MIAMI LLC

**Current Principal Place of Business:**

598 MADISON AVENUE  
NEW YORK, NY 10022

**Current Mailing Address:**

598 MADISON AVENUE  
NEW YORK, NY 10022 US

**FEI Number:** 30-0798507

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           LEPOIVRE, PASCALE  
Address        598 MADISON AVENUE  
                  SIXTH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           MANAGER  
Name           GIL, ELOY RODRIGO  
Address        598 MADISON AVENUE  
                  SIXTH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           CHIEF EXECUTIVE OFFICER  
Name           LEPOIVRE, PASCALE  
Address        598 MADISON AVENUE  
                  SIXTH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           CHIEF FINANCIAL OFFICER &  
                  TREASURER  
Name           FERRIERE, LUC  
Address        598 MADISON AVENUE  
                  SIXTH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           VICE PRESIDENT  
Name           MILLER, GRETCHEN  
Address        598 MADISON AVENUE  
                  SIXTH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           SECRETARY  
Name           FIRESTONE, LOUISE  
Address        19 EAST 57TH STREET  
City-State-Zip: NEW YORK NY 10022

Title           MANAGER & SENIOR VICE  
                  PRESIDENT  
Name           HELLER, MATTHEW  
Address        598 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title           VICE PRESIDENT  
Name           THERY, GUILLAUME  
Address        598 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

*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:** LOUISE FIRESTONE

**SECRETARY**

**01/04/2021**

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

\_\_\_\_\_  
Date