

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010174

**Entity Name:** SHOPPES AT SOUTHERN PALMS, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BOULEVARD  
SUITE:301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2199 PONCE DE LEON BOULEVARD  
SUITE:301  
CORAL GABLES, FL 33134 US

**FEI Number:** 84-3317105

**Certificate of Status Desired:** No

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

ALEX D. SIRULNIK, P.A.  
2199 PONCE DE LEON BOULEVARD  
SUITE:301  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MEKLER, CLAUDIO  
Address 2199 PONCE DE LEON BOULEVARD,  
SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name MEKLER , MILTON  
Address 2199 PONCE DE LEON BOULEVARD,  
SUITE 301  
City-State-Zip: CORAL GABLES FL 33134

*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:** MILTON MEKLER

**MANAGER**

**04/23/2024**

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

\_\_\_\_\_  
Date