

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000032728

FILED
Aug 11, 2016
Secretary of State
CC4362217465

Entity Name: CIL OF MIAMI, LLC

Current Principal Place of Business:

4770 BISCAYNE BOULEVARD
150
MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BOULEVARD
150
MIAMI, FL 33137 US

FEI Number: 65-0379532

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RODRIGUEZ, NURIALYS
4770 BISCAYNE BLVD.
150
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: NURIALYS RODRIGUEZ

08/11/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title BP
Name ROBERTS, ALVIN W
Address 1201 NW 16 STREET
City-State-Zip: MIAMI FL 33125

Title BVP
Name GOLDFARB, GREGG J.D.
Address 701 SW 27 AVE
901
City-State-Zip: MIAMI FL 33135

Title BT
Name WEISS, JAY M.B.A.
Address 10000 WEST BAY HARBOR DRIVE
City-State-Zip: BAY HARBOR ISLES FL 33154

Title BD
Name BOCHI, PATRICIA ES
Address 25 SE 2 AVE
1101
City-State-Zip: MIAMI FL 33131

Title BD
Name WERNER, TIM
Address 2250 NW 161 TERRACE
City-State-Zip: PEMBROKE PINES FL 33018

Title BD
Name GRATZKE, BARBARA
Address 2660 SE 7 PLACE
City-State-Zip: HOMESTEAD FL 33033

Title BD
Name OAKS, EARL
Address 910 WEST AVE
334
City-State-Zip: MIAMI BEACH FL 33139

Title BD
Name SKINNER, CHERNO
Address 780 NW 42 AVE
City-State-Zip: MIAMI FL 33126

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: ALVIN ROBERTS

P BOARD

08/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date