

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000032728

FILED
Dec 02, 2016
Secretary of State
CC6671493411

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:

O'CONNELL, PETER
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: PETER O'CONNELL

12/02/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title PRESIDENT
Name GOLDFARB, GREGG J.D.
Address 19 WEST FLAGLER ST
UNIT 1212
City-State-Zip: MIAMI FL 33130

Title ASST. TREASURER
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 14 NE 1 AVE
900
City-State-Zip: MIAMI FL 33132

Title BD
Name WERNER, TIM
Address 1309 ST TROPEZ CIR
1710
City-State-Zip: WESTON FL 33326

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

Title BD
Name OAKS, EARL
Address 1632 MERDIAN AVE
205
City-State-Zip: MIAMI BEACH FL 33139

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

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.

SIGNATURE: ALVIN ROBERTS

DIRECTOR

12/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name BLAIRE, BONNIE
Address 2655 S. LEJEUNE ROAD
City-State-Zip: CORAL GABLES FL 33134