

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000032728

**Entity Name:** CIL OF MIAMI, LLC**Current Principal Place of Business:**6660 BISCAYNE BOULEVARD  
MIAMI, FL 33138**Current Mailing Address:**6660 BISCAYNE BOULEVARD  
MIAMI, FL 33138 US**FEI Number:** 65-0379532**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GREENE, KELLY  
6660 BISCAYNE BLVD.  
MIAMI, FL 33138 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 BP  
Name ROBERTS, ALVIN W  
Address 1201 NW 16 STREET  
City-State-Zip: MIAMI FL 33125

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

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

Title BD  
Name ALFANO, JOSE M.B.A.  
Address 720 CORAL WAY, APT 2-B  
City-State-Zip: CORAL GABLES FL 33134

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

Title BD  
Name MANDER, STEPHEN  
Address 333 S. MIAMI AVE  
City-State-Zip: MIAMI FL 33130

**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

BP

03/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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