

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043669

**Entity Name:** NORTH 25, LLC

**Current Principal Place of Business:**

355 ALHAMBRA CIRCLE SUITE #950  
CORAL GABLES, FL 33134

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
ATTEN: TOM BYRNE SUITE #950  
CORAL GABLES, FL 33134 US

**FEI Number:** 06-1729690

**Certificate of Status Desired:** No

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

BYRNE, THOMAS  
355 ALHAMBRA CIRCLE SUITE #950  
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 MGRM  
Name BYRNE, THOMAS E  
Address 355 ALHAMBRA CIRCLE SUITE #950  
City-State-Zip: MIAMI 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:** THOMAS E. BYRNE

MANAGING PARTNER

04/14/2016

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

\_\_\_\_\_ Date