

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051093

**Entity Name:** COMMODORE RETAIL PROPERTIES, LLC

**Current Principal Place of Business:**

C/O COMMODORE REALTY, INC.  
30 WEST MASHTA DRIVE, SUITE 400  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

C/O COMMODORE REALTY, INC.  
30 WEST MASHTA DRIVE, SUITE 400  
KEY BISCAYNE, FL 33149

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PUYANIC, MAX D  
C/O COMMODORE REALTY, INC.  
30 WEST MASHTA DRIVE, SUITE 400  
KEY BISCAYNE, FL 33149 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 PUYANIC, MAX D  
Address 30 WEST MASHTA DRIVE, SUITE 400  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name PUYANIC, DAVID A  
Address 30 WEST MASHTA DRIVE, SUITE 400  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** MAX D PUYANIC

**REGISTERED AGENT**

**04/05/2019**

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

\_\_\_\_\_  
Date