## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071621

Entity Name: ARBOR VILLAS, LLC

**Current Principal Place of Business:** 

5200 SW 8TH STREET 200

CORAL GABLES, FL 33134

## **Current Mailing Address:**

PO BOX 141659

CORAL GABLES, FL 33114 US

FEI Number: 20-1667920 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GAVARRETE, FERNANDO 5200 SW 8TH STREET SUITE 200 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

**FILED** Mar 31, 2016

**Secretary of State** 

CC3491169924

## Authorized Person(s) Detail:

Title MGRM

GAVARRETE, FERNANDO Name 5200 SW 8TH STREET Address

CORAL GABLES FL 33134 City-State-Zip:

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: FERNANDO GAVARRETE

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

03/31/2016

Date