

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034774

**Entity Name:** 1140 NORTH MIAMI AVENUE LLC

**Current Principal Place of Business:**

1140 NORTH MIAMI AVENUE  
MIAMI, FL 33136

**Current Mailing Address:**

2430 INAGUA AVENUE  
MIAMI, FL 33133

**FEI Number:** 20-2642670

**Certificate of Status Desired:** No

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

MACLEOD, CHRISTOPHER  
2430 INAGUA AVENUE  
MIAMI, FL 33133 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            MANAGING MEMBER  
Name            MACLEOD, CHRISTOPHER  
Address        2430 INAGUA AVENUE  
City-State-Zip: MIAMI FL 33133

Title            MEMBER  
Name            ARORA, SUBODH  
Address        20 KALORAMA CIRCLE NW  
City-State-Zip: WASHINGTON DC 20008

Title            MEMBER  
Name            ERICKSON, DENNIS  
Address        178 COMMONWEALTH AVENUE, #6  
City-State-Zip: BOSTON MA 02116

Title            MEMBER  
Name            LOVINK, MICHELINE  
Address        1240 27TH STREET NW  
City-State-Zip: WASHINGTON DC 20007

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER MACLEOD

**REGISTERED AGENT**

**04/23/2013**

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

\_\_\_\_\_  
Date