

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000049969

**Entity Name:** GARDEN VIEW ESTATES, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-2889602

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
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:** ANTONIO GARCIA

11/20/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CENTURION MANAGEMENT  
SERVICES LTD  
Address NERINE CHAMBERS, PO BOX 905  
City-State-Zip: ROAD TOWN, TORTOLA, BVI XX XX

Title MGRM  
Name ARGYLL NOMINEES LIMITED  
Address RM 1408, 14/F TAK SHING HSE  
THEATER LANE, 20 DES VOEUX RD  
City-State-Zip: CENTRAL XXXX

Title MANAGER  
Name KRAMER, MARTIN  
Address 12, RUE JEAN ENGLING  
City-State-Zip: LUXEMBOURG L-1466

*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:** MARTIN KRAMER

MANAGER

11/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date