

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 07, 2016
Secretary of State
CC4435039043

Entity Name: CONGRESS PLAZA, LLC

Current Principal Place of Business:

THOMAS FARESE, MANAGER
888 S. ANDREWS AVE. SUITE 301 SUITE 301
FORT LAUDERDALE, FL 33316

Current Mailing Address:

THOMAS FARESE, MANAGER
888 S. ANDREWS AVE. SUITE 301 SUITE 301
FORT LAUDERDALE, FL 33316 US

FEI Number: 26-0755993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSTEIN, MARK B
2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431 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 MANAGER
Name FARESE, THOMAS MGR
Address THOMAS FARESE, MANAGER
 888 S. ANDREWS AVE. SUITE 301
 SUITE 301
City-State-Zip: FORT LAUDERDALE FL 33316

Title MEMBER
Name FARESE, SUZANNE
Address THOMAS FARESE, MANAGER
 888 S. ANDREWS AVE. SUITE 301
 SUITE 301
City-State-Zip: FORT LAUDERDALE FL 33316

Title MEMBER
Name RODERMAN, BARRY
Address THOMAS FARESE, MANAGER
 888 S. ANDREWS AVE. SUITE 301
 SUITE 301
City-State-Zip: FORT LAUDERDALE FL 33316

Title MEMBER
Name NOLITA, TRUST MEMBER MEM
Address DAVID GOLDSTEIN, PA
 1125 NE 125TH STREET, SUITE 302
 SUITE 302
City-State-Zip: NORTH MIAMI FL 33161

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 FARESE

**AUTHORIZED
REPRESENTATIVE**

03/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date