

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008549

**Entity Name:** APA EMERSON @ INDRIO LLC

**Current Principal Place of Business:**

1400 NW 107TH AVENUE  
5TH FLOOR  
MIAMI, FL 33172

**Current Mailing Address:**

1400 NW 107TH AVENUE  
5TH FLOOR  
MIAMI, FL 33172

**FEI Number:** 20-4173782

**Certificate of Status Desired:** No

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

SMITHER, ROBERT M  
1400 NW 107TH AVE 5TH FLOOR  
MIAMI, FL 33172 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	Title	VP, CHAIRMAN
Name	AP ADLER LAND PARTNERS LLC	Name	ADLER, MICHAEL M
Address	1400 NW 107TH AVENUE	Address	1400 NW 107 AVENUE 5TH FLOOR
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172
Title	P	Title	EVP
Name	ADLER, DAVID	Name	RAIFFE, JONATHAN
Address	1400 NW 107 AVENUE 5TH FLOOR	Address	1400 NW 107 AVENUE 5TH FLOOR
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172
Title	VP	Title	S, T
Name	SMITHER, ROBERT M	Name	SPANO, TINA M
Address	1400 NW 107 AVENUE 5TH FLOOR	Address	1400 NW 107 AVENUE 5TH FLOOR
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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:** ROBERT SMITHER

VP

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date