

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031135

**FILED
Apr 17, 2015
Secretary of State
CC1824410521**

Entity Name: STORSAFE HAMMOCKS MANAGER LLC

Current Principal Place of Business:

ONE ALHAMBRA PLAZA
SUITE 1450
CORAL GABLES, FL 33134

Current Mailing Address:

ONE ALHAMBRA PLAZA
SUITE 1450
CORAL GABLES, FL 33134 US

FEI Number: 20-4553277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOCOLSKY, SERGIO
ONE ALHAMBRA PLAZA
SUITE 1450
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

Authorized Person(s) Detail :

Title MGRM
Name DE OLAZARRA, ALLEN C
Address ONE ALHAMBRA PLAZA
SUITE 1450
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name SOCOLSKY, SERGIO
Address ONE ALHAMBRA PLAZA
SUITE 1450
City-State-Zip: CORAL GABLES FL 33134

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: SERGIO SOCOLSKY

MANAGER

04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date