

**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