

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089191

**FILED**  
**Jan 17, 2020**  
**Secretary of State**  
**9108328443CC**

**Entity Name:** SOUTH MIAMI 7300 PARTNERS, LLC

**Current Principal Place of Business:**

7300 SW 62ND PLACE, 3RD FLOOR  
SOUTH MIAMI, FL 33134

**Current Mailing Address:**

7300 SW 62ND PLACE, 3RD FLOOR  
SOUTH MIAMI, FL 33134

**FEI Number:** 38-3741364

**Certificate of Status Desired:** Yes

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

BUTLER, KATHRYN  
7300 SW 62ND PLACE, 3RD FLOOR  
SOUTH MIAMI, 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 HIRSCH, NATHAN  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM  
Name VIZOSO, JAVIER  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM  
Name GUINOT, RAPHAEL  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM  
Name PAEZ, RENE  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM  
Name CHI, SUREEN  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM  
Name HORST, THOMAS  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM  
Name MIRANDA, DAMARIS  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: SOUTH MIAMI 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:** NATHAN HIRSCH MD

MGRM

01/17/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date