

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000030521

**Entity Name:** 2040 OPA LOCKA PLAZA, LLC

**Current Principal Place of Business:**

16850-112 COLLINS AVE 285  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

P.O. BOX 634  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-8927297

**Certificate of Status Desired:** Yes

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

WOLFE, RICHARD CESQ.  
175 SW 7TH STREET  
SUITE 2410  
MIAMI, FL 33131 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 BEHAR FAMILY LIMITED PARTNERSHIP  
Address 16850-112 COLLINS AVE 285  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MGR  
Name BEHAR, MOISES  
Address 16850-112 COLLINS AVE 285  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MGR  
Name BEHAR, MERCEDES  
Address 16850 112 COLLINS AVE 285  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MANAGER  
Name BEHAR, BENJAMIN  
Address 175 SW 7TH STREET SUITE 2410  
City-State-Zip: MIAMI FL 33130

*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:** RICHARD C. WOLFE

06/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date