

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000055669

**Entity Name:** ABRAMS 565 NW 27 STREET, LLC.

**Current Principal Place of Business:**

321 MANOR PLACE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

321 MANOR PLACE  
CORAL GABLES, FL 33133

**FEI Number:** 20-0293116

**Certificate of Status Desired:** No

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

ABRAMS, PETER  
321 MANOR PLACE  
CORAL GABLES, FL 33133 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 ABRAMS, PATRICE T  
Address 321 MANOR PLACE  
City-State-Zip: MIAMI FL 33133

Title MGRM  
Name ABRAMS, PETER  
Address 321 MANOR PLACE  
City-State-Zip: CORAL GABLES FL 33133

*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:** PETER ABRAMS

**OWNER**

**04/22/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date