

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125217

**Entity Name:** GABLES HOTEL GROUP, L.L.C.

**Current Principal Place of Business:**

3805 NW 107 AVE  
MIAMI, FL 33178

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC5182710688**

**Current Mailing Address:**

3805 NW 107TH AVE  
SUITE #123  
DORAL, FL 33178 US

**FEI Number:** 26-2178544

**Certificate of Status Desired:** No

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

QUESADA, G FRANK ESQ  
1313 PONCE DE LEON BLVD STE 200  
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            PRESIDENT  
Name            IRASTORZA, BENITO SR.  
Address        3805 NW 107TH AVE  
                  123  
City-State-Zip: DORAL FL 33178

*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:** BENITO IRASTORZA

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_ Date