

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048850

**Entity Name:** MYSTIC POINTE 809 LLC

**Current Principal Place of Business:**

19195 MYSTIC POINT DRIVE TOWER TWO  
#809  
AVENTURA, FL 33180

**Current Mailing Address:**

799 BRICKELL PLAZA  
SUITE 608  
MIAMI, FL 33131 US

**FEI Number:** 80-0418242

**Certificate of Status Desired:** No

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

GALINDO, TIBISAY  
19195 MYSTIC POINT DRIVE TOWER TWO  
#809  
AVENTURA, FL 33180 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 GALINDO, TIBISAY  
Address 19195 MYSTIC POINTE DRIVE TOWER  
TWO #809  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name GALINDO, LISA  
Address 19195 MYSTIC POINTE DRIVE TOWER  
TWO #809  
City-State-Zip: AVENTURA FL 33180

*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:** TIBISAY GALINDO

MGR

02/25/2014

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

\_\_\_\_\_  
Date