

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092565

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC0542912961**

**Entity Name:** MCNA PROPERTIES III, LLC

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-1846933

**Certificate of Status Desired:** Yes

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

CTC MANAGEMENT SERVICES, LLC  
220 ALHAMBRA CIRCLE, 11TH FLOOR  
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 P  
Name WILSON, MILLAR  
Address 220 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name PERAZA, ALBERTO  
Address 220 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name PALACIOS, MIGUEL  
Address 220 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title SO  
Name BRACHO, MARIA  
Address 220 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES 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:** MILLAR WILSON

P

03/17/2015

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

\_\_\_\_\_  
Date