

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009525

**Entity Name:** NORTH SHORE TRIPLEX, LLC

**Current Principal Place of Business:**

5757 COLLINS AVENUE, UNIT 1703  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5757 COLLINS AVENUE, UNIT 1703  
MIAMI BEACH, FL 33140

**FEI Number:** 26-4165027

**Certificate of Status Desired:** No

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

FERNANDEZ, JESUS  
5757 COLLINS AVENUE, UNIT 1703  
MIAMI BEACH, FL 33140 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 FERNANDEZ, JESUS  
Address 5757 COLLINS AVENUE, UNIT 1703  
City-State-Zip: MIAMI BEACH FL 33140

*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:** JESUS R FERNANDEZ

MGRM

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date