

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025868

**Entity Name:** ABMM 18, LLC

**Current Principal Place of Business:**

4775 COLLINS AVENUE,  
1608  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4775 COLLINS AVENUE,  
1608  
MIAMI BEACH, FL 33140

**FEI Number:** 26-4486898

**Certificate of Status Desired:** No

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

FRIED, MOSES  
4775 COLLINS AVENUE,  
1608  
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 ELMANN, MINDY F  
Address 4775 COLLINS AVENUE, SUITE 1608  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name SOLOCHOWSKY, ANN F  
Address 4775 COLLINS AVENUE, SUITE 1608  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name FRIED, MOSES  
Address 4775 COLLINS AVENUE, SUITE 1608  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name FRIED, BERNICE  
Address 4775 COLLINS AVENUE, SUITE 1608  
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:** MOSES FRIED

**MGRM**

**02/25/2016**

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

\_\_\_\_\_  
Date