

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000038999

Entity Name: IREM LASH LLC

Current Principal Place of Business:

3201 N E 183RD ST
603
AVENTURA, FL 33160

Current Mailing Address:

3201 N E 183RD ST
603
AVENTURA, FL 33160

FEI Number: 80-0394885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASH, IREM
3201 N E 183RD ST
603
AVENTURA, FL 33160 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 LASH, IREM
Address 3201 N E 183RD ST #603
City-State-Zip: AVENTURA FL 33160

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: IREM LASH

MGR

01/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date