

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004612

**Entity Name:** PALM TAFT PLAZA, LLC

**Current Principal Place of Business:**

610 VALENCIA  
UNIT #503  
CORAL GABLES, FL 33134

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC7984631286**

**Current Mailing Address:**

610 VALENCIA  
UNIT #503  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1679360

**Certificate of Status Desired:** No

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

SHAPIRO, IRA R  
16375 NE 18TH AVENUE, SUITE 225  
NORTH MIAMI BEACH, FL 33162 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 MGR  
Name KORNBLUH, ALAN M  
Address 610 VALENCIA  
UNIT #503  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name DAVIS, MELODY  
Address 610 VALENCIA  
UNIT #503  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name SARASOHN, SYLVAN H  
Address 610 VALENCIA  
UNIT #503  
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:** ALAN M. KORNBLUH

**MGR**

**04/07/2014**

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

\_\_\_\_\_  
Date