

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069216

**Entity Name:** 500 BRICKELL RETAIL LLC

**Current Principal Place of Business:**

1110 BRICKELL AVENUE  
SUITE 505  
MIAMI, FL 33131

**Current Mailing Address:**

1110 BRICKELL AVENUE  
SUITE 505  
MIAMI, FL 33131 US

**FEI Number:** 80-0658054

**Certificate of Status Desired:** No

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

PETER M. LOPEZ, P.A.  
1911 NW 150 AVENUE  
201  
PEMBROKE PINES, FL 33028 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 PUMAR BLANCO, FRANCISCO  
Address 1110 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name PUMAR RIVERS, CESAR  
Address 1110 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name PUMAR RIVERS, FRANCISCO  
Address 1110 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name PUMAR RIVERS, MARIA INES  
Address 1110 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name PUMAR RIVERS, NATALIA MARIA  
Address 1110 BRICKELL AVENUE, SUITE 505  
City-State-Zip: MIAMI FL 33131

*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:** PUMAR RIVERS CESAR

**MANAGER**

**01/23/2015**

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

\_\_\_\_\_  
Date