

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000401

**Entity Name:** 175 SW 7ST-UNIT 1403, LLC

**Current Principal Place of Business:**

2720 CORAL WAY  
MIAMI, FL 33145

**Current Mailing Address:**

2720 CORAL WAY  
MIAMI, FL 33145

**FEI Number:** 46-3193714

**Certificate of Status Desired:** No

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

FANEGO, CARMEN  
2828 CORAL WAY  
SUITE 530  
MIAMI, FL 33145 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            | Title           | MGR            |
| Name            | PAZOS, BENIGNO | Name            | JAIME, MARITZA |
| Address         | 2720 CORAL WAY | Address         | 2720 CORAL WAY |
| City-State-Zip: | MIAMI FL 33145 | City-State-Zip: | MIAMI FL 33145 |
|                 |                |                 |                |
| Title           | MGR            | Title           | MGR            |
| Name            | FANEGO, CARMEN | Name            | GARCIA, CARLA  |
| Address         | 2720 CORAL WAY | Address         | 2720 CORAL WAY |
| City-State-Zip: | MIAMI FL 33145 | City-State-Zip: | MIAMI FL 33145 |

*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:** CARMEN FANEGO

MGR

01/29/2014

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

\_\_\_\_\_  
Date