

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074028

**Entity Name:** GABLES62, LLC

**Current Principal Place of Business:**

3400 S.W. 27TH AVENUE  
APT.. 2003  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3400 S.W. 27TH AVENUE  
APT.. 2003  
COCONUT GROVE, FL 33133 US

**FEI Number:** 45-4734207

**Certificate of Status Desired:** No

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

BAILEY, NANCY  
3400 S.W. 27TH AVENUE  
APT.. 2003  
COCONUT GROVE, FL 33133 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:** NANCY BAILEY

04/01/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                  |
|-----------------|----------------------------------|
| Title           | MGRM                             |
| Name            | BAILEY, NANCY                    |
| Address         | 3400 S.W. 27TH AVE., APT. 2003   |
| City-State-Zip: | COCONUT GROVE FL 33133           |
| Title           | MGRM                             |
| Name            | NOPPENBERG, JOHN II              |
| Address         | 3400 S.W. 27TH AVENUE, APT. 2003 |
| City-State-Zip: | COCONUT GROVE FL 33133           |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGRM                  |
| Name            | CESARANO, MICHAEL C   |
| Address         | 6930 ALMANSA STREET   |
| City-State-Zip: | CORAL GABLES FL 33146 |
| Title           | MGRM                  |
| Name            | DOHENY, CARMEN T      |
| Address         | 915 ALAVA AVENUE      |
| City-State-Zip: | CORAL GABLES FL 33146 |

*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:** MICHAEL C. CESARANO

MGRM

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date