

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079580

**Entity Name:** CITY M MARSEILLE, LLC

**Current Principal Place of Business:**

1228 MARSEILLE DRIVE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

17027 WEST DIXIE HIGHWAY  
SUITE 110  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 45-2816275

**Certificate of Status Desired:** No

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

LANZA, MELISSA P  
104 CRANDON BLVD.  
SUITE 420  
KEY BISCAYNE, FL 33149 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 ASG MARSEILLE, LLC  
Address 17027 WEST DIXIE HIGHWAY #110  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MGR  
Name COLLINSVILLE, LLC  
Address 17027 WEST DIXIE HIGHWAY #110  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MANAGER  
Name GALCAS, LLC  
Address 17027 WEST DIXIE HIGHWAY  
110  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title MANAGER  
Name FAVISA, LLC  
Address 17027 WEST DIXIE HIGHWAY  
110  
City-State-Zip: NORTH MIAMI BEACH 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:** BLAS ZACCARO

MGR

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date