

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092521

**Entity Name:** 5052 MIAMI LLC

**Current Principal Place of Business:**

8810 S.W. 19 STREET  
MIAMI, FL 33165-8202

**Current Mailing Address:**

POST OFFICE BOX 440964  
MIAMI, FL 33144-0964

**FEI Number:** 46-0970134

**Certificate of Status Desired:** No

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

GARCIA, MARIA G  
8810 S.W. 19 STREET  
MIAMI, FL 33165-8202 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 GARCIA, MARIA G  
Address 8810 S.W. 19 STREET  
City-State-Zip: MIAMI FL 33165-8202

*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:** MARIA G GARCIA

MBRM

03/06/2015

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

\_\_\_\_\_ Date