

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000121758

Entity Name: MANACA PINECREST CENTER, LLC

Current Principal Place of Business:

2100 PONCE DE LEON BOULEVARD
SUITE 960
CORAL GABLES, FL 33134

Current Mailing Address:

2100 PONCE DE LEON BOULEVARD
SUITE 960
CORAL GABLES, FL 33134 US

FEI Number: 06-1704860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EL-NAFFY, HANI
2100 PONCE DE LEON BOULEVARD
SUITE 960
CORAL GABLES, FL 33134 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 | Title | MGR |
| Name | MANACA INVESTMENT LIMITED PARTNERSHIP | Name | EL-NAFFY, MAYA |
| Address | 2100 PONCE DE LEON BOULEVARD SUITE 960 | Address | 2100 PONCE DE LEON BOULEVARD SUITE 960 |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | | |
| Name | EL-NAFFY, DANIELLE | | |
| Address | 2100 PONCE DE LEON BOULEVARD SUITE 960 | | |
| City-State-Zip: | CORAL GABLES FL 33134 | | |

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: HANI EL-NAFFY

PRESIDENT

01/18/2017

Electronic Signature of Signing Authorized Person(s) Detail Date