### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140505

Entity Name: KSY 157, L.L.C.

### **Current Principal Place of Business:**

2555 PONCE DE LEON BLVD, C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320 CORAL GABLES , FL 33134

# **Current Mailing Address:**

2555 PONCE DE LEON BLVD, C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320 CORAL GABLES , FL 33134 US

# FEI Number: 61-1581896

### Name and Address of Current Registered Agent:

ADMIRE , JOHN G ESQ. 2555 PONCE DE LEON BLVD, C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320 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	: JOHN G ADMIRE			01/16/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CHAIRMAN	Title	MANAGER	
Name	KWAN , LUISA	Name	KWAN, KRISTINE B	
Address	2555 PONCE DE LEON BLVD, C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320	Address	2555 PONCE DE LEON BLVD, C/O SULLIVAN, ADMIRE & SULLIVAN SUITE 320	
City-State-Zip:	CORAL GABLES FL 33134	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: LUISA KWAN

CHAIMAN

01/16/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No