

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000087016

Entity Name: GABLES 37, LLC**Current Principal Place of Business:**3211 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134**Current Mailing Address:**3211 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US**FEI Number:** 45-5619732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZOVLUCK, LYNN
8730 NW 36 AVE
SUITE 301
MIAMI, FL 33147 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	MILTON, JOSEPH
Address	3211 PONCE DE LEON BOULEVARD, SUITE 301
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MILTON, CECIL
Address	3211 PONCE DE LEON BOULEVARD, SUITE 301
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MILTON, FRANK
Address	3211 PONCE DE LEON BOULEVARD, SUITE 301
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	BARKER, REX M
Address	3211 PONCE DE LEON BOULEVARD SUITE 301
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: REX BARKER

MGR

03/26/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date