

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134496

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC3802682381**

**Entity Name:** 45 DESIGN DISTRICT LLC

**Current Principal Place of Business:**

4141 NE 2ND AVENUE  
200-B  
MIAMI, FL 33137

**Current Mailing Address:**

4141 NE 2ND AVENUE  
200-B  
MIAMI, FL 33137 FL

**FEI Number:** 46-1237029

**Certificate of Status Desired:** No

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

CHARIFF, LYLE B  
4141 NE 2ND AVE  
SUITE 200-B  
MIAMI, FL 33137 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:** LYLE CHARIFF

01/10/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KARAKHANIAN, ALEXANDER  
Address 4141 NE 2ND AVE, STE. 200-B  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name CHARIFF, LYLE  
Address 4141 NE 2ND AVE, STE. 200-B  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name ZAPATA, MAURICIO  
Address 4141 NE 2ND AVE, STE. 200-B  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name DOO, ROBERT JR  
Address 4141 NE 2ND AVE, STE. 200-B  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name NICOLAS MOLINA 2006 REVOCABLE TRUST  
Address 4141 NE 2ND AVE, STE. 200-B  
City-State-Zip: MIAMI FL 33137

*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:** LYLE CHARIFF

MGR

01/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date