

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134947

**Entity Name:** LEHMAN APARTMENTS, LLC

**Current Principal Place of Business:**

627 NW 177 STREET  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

627 NW 177 STREET  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 46-1313170

**Certificate of Status Desired:** No

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

GABLE, MICHAEL  
4000 HOLLYWOOD BOULEVARD  
SUITE 735 SOUTH  
HOLLYWOOD, FL 33021 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 LEHMAN, JOSEPH  
Address 20191 EAST COUNTRY CLUB DRIVE,  
TS7  
City-State-Zip: AVENTURA FL 33180

*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:** JOSEPH LEHMAN

MGR

02/28/2018

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

\_\_\_\_\_ Date