

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135925

**Entity Name:** CORAL GABLES MIRACLE MILE HOTEL, LLC

**Current Principal Place of Business:**

1001 SW 2ND AVE  
SUITE 500  
MIAMI, FL 33130

**Current Mailing Address:**

1001 SW 2ND AVE  
SUITE 500  
MIAMI, FL 33130 US

**FEI Number:** 46-1555222

**Certificate of Status Desired:** No

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

VILLAR, PEDRO  
1001 SW 2ND AVE  
SUITE 500  
MIAMI, FL 33130 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	MANAGER	Title	MANAGER
Name	VILLAR, PEDRO	Name	AROCHA, FRANCISCO
Address	1001 SW 2ND AVE SUITE 500	Address	1001 SW 2ND AVE SUITE 300
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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:** PEDRO VILLAR

**MANAGER**

**04/08/2019**

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

\_\_\_\_\_  
Date