

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000156916

**Entity Name:** 1554 W. FLAGLER ST., LLC

**Current Principal Place of Business:**

2029 WEST FLAGLER STREET  
MIAMI, FL 33135

**Current Mailing Address:**

POST OFFICE BOX 430827  
MIAMI, FL 33243

**FEI Number:** 46-2230434

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 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                      | Title           | MGR                      |
| Name            | KLOTZ, MARIANN           | Name            | KLOTZ, MICHAEL           |
| Address         | 2029 WEST FLAGLER STREET | Address         | 2029 WEST FLAGLER STREET |
| City-State-Zip: | MIAMI FL 33135           | City-State-Zip: | MIAMI FL 33135           |

*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:** MARIANN KLOTZ

**MANAGER**

**02/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date