#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000006922

Entity Name: 1200 BRICKELL 14TH FLOOR, LLC

## **Current Principal Place of Business:**

1200 BRICKELL AVENUE SUITE 1410 MIAMI, FL 33131

#### **Current Mailing Address:**

1200 BRICKELL AVENUE SUITE 1410 MIAMI, FL 33131 US

## FEI Number: 46-2017111

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

MOSS, BRETT G 1200 BRICKELL AVENUE SUITE 1410 MIAMI, FL 33131 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	E BRETT MOSS			03/17/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	MAZA DUERTO, OCTAVIO	Name	MAZA DUERTO, ARISTIDES	
Address	1200 BRICKELL AVENUE SUITE 1410	Address	1200 BRICKELL AVENUE SUITE 1410	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	MGRM	Title	MGRM	
Name	MAZA SAN VICENTE, JULIANA	Name	MAZA DUERTO, JENICE	
Address	1200 BRICKELL AVENUE SUITE 1410	Address	1200 BRICKELL AVENUE SUITE 1410	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	MGRM	Title	MGR	
Name	MAZA DUERTO, ORIANNA	Name	MAZA TIRADO, ARISTIDES	
Address	1200 BRICKELL AVENUE SUITE 1410	Address	1200 BRICKELL AVENUE SUITE 1410	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	MGRM			
Name	MAZA SAN VICENTE, ARABELLA			
Address	1200 BRICKELL AVENUE SUITE 1410			
City-State-Zip:	MIAMI FL 33131			

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: OCTAVIO MAZA DUERTO MGRM 03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Mar 17, 2017 Secretary of State CC1850097420

Certificate of Status Desired: No

Date