

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000023582

FILED
Jan 14, 2015
Secretary of State
CC0034576767

Entity Name: 27 EDGEWATER MIDTOWN, LLC

Current Principal Place of Business:

1200 BRICKELL AVE
SUITE 1410
MIAMI, FL 33133

Current Mailing Address:

1200 BRICKELL AVE
SUITE 1410
MIAMI, FL 33133

FEI Number: 46-3172733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIGUEROA , JUAN A
1428 BRICKELL AV.
206
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: JUAN A FIGUEROA

01/14/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MAZA DUERTO, OCTAVIO
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MAZA DUERTO, ARISTIDES
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MAZA SAN VICENTE, JULIANA
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MAZA DUERTO, JENICE
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MAZA DUERTO, ORIANNA
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

Title MGR
Name MAZA TIRADO, ARISTIDES
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

Title MGRM
Name MAZA SAN VICENTE, ARABELLA
Address 1200 BRICKELL AVE
SUITE 1410
City-State-Zip: MIAMI FL 33133

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: MAZA DUERTO OCTAVIO

MANAGER

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date