

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023582

**Entity Name:** 27 EDGEWATER MIDTOWN, LLC

**Current Principal Place of Business:**

1200 BRICKELL AVE  
1410  
MIAMI, FL 33133

**Current Mailing Address:**

1200 BRICKELL AVE  
1410  
MIAMI, FL 33133 US

**FEI Number:** 46-3172733

**Certificate of Status Desired:** No

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

MOSS, BRETT  
1200 BRICKELL AVE  
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:** BRETT MOSS

04/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

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

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

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

Title MGRM  
Name MAZA SAN VICENTE, ARABELLA  
Address 1200 BRICKELL AVE  
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:** OCTAVIO MAZA DUERTO

MGRM

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date