

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023838

FILED
Apr 29, 2016
Secretary of State
CC6670318186

Entity Name: 1200 BRICKELL 8TH FLOOR, LLC

Current Principal Place of Business:

1200 BRICKELL AVE.
SUITE 800
MIAMI, FL 33131

Current Mailing Address:

1200 BRICKELL AVE.
SUITE 800
MIAMI, FL 33131 US

FEI Number: 46-2385606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSS, BRETT
1200 BRICKELL AVE.
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: BRETT MOSS

04/29/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MAZA DUERTO, OCTAVIO
Address 1200 BRICKELL AVE.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRM
Name MAZA DUERTO, ARISTIDES
Address 1200 BRICKELL AVE.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRM
Name MAZA SAN VICENTE, JULIANA
Address 1200 BRICKELL AVE
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRM
Name MAZA DUERTO, JENICE
Address 1200 BRICKELL AVE.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRM
Name MAZA DUERTO, ORIANNA
Address 1200 BRICKELL AVE.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGR
Name MAZA TIRADO, ARISTIDES
Address 1200 BRICKELL AVE.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRM
Name MAZA SAN VICENTE, ARABELLA
Address 1200 BRICKELL AVE.
SUITE 800
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

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date