

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000082319

**Entity Name:** 2777 PARADISE ROAD #506, LLC

**Current Principal Place of Business:**

17100 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

17100 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 46-3457211

**Certificate of Status Desired:** No

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

NORMAN C. POWELL, ESQ.  
17100 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 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 MGRM  
Name OFELIA E. DE GANDIAGA SAAVEDRA  
Address 17100 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGRM  
Name MAITE DE ALBA DE GANDIAGO  
Address 17100 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGRM  
Name GABRIEL DE ALBA DEL CASTILLO  
Address 17100 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGRM  
Name FABRIEL ANDER DE ALBA DE GANDIAGA  
Address 17100 N.E. 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** OFELIA E. DE GANDIAGA SAAVEDRA

**MGRM**

**03/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date