

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000083604

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC8963056677**

**Entity Name:** AMAIZE DORAL PARK CENTER LLC

**Current Principal Place of Business:**

3887 NW 107 AVENUE  
DORAL, FL 33178

**Current Mailing Address:**

7821 SW 24TH ST # 135  
MIAMI, FL 33155 US

**FEI Number: 38-3913209**

**Certificate of Status Desired: No**

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

MONTERO, ALEX  
7821 SW 24TH ST # 135  
MIAMI, FL 33155 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:** ALEX MONTERO

02/05/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GINESTRA, LUIS  
Address 3887 NW 107 AVENUE  
City-State-Zip: DORAL FL 33178

Title MGR  
Name COHEN, KAREN  
Address 3887 NW 107 AVENUE  
City-State-Zip: DORAL FL 33178

Title MGR  
Name GARCIA, ANDRES  
Address 2887 NW 107 AVENUE  
City-State-Zip: DORAL FL 33178

*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:** KAREN COHEN

MGR

02/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date