

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000088701

**Entity Name:** MIAMI REL B18, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2199 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SIRULNIK, ALEX D ESQ  
2199 PONCE DE LEON BLVD  
STE 301  
CORAL GABLES, FL 33134 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 MGR  
Name SCHIFFMAN, ADAM R ESQUIRE  
Address 2875 NE 191 STREET, SUITE 404  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name GALLUZZO, ADOLFO V  
Address 2199 PONCE DE LEON BLVD - STE  
301  
City-State-Zip: CORAL GABLES FL 33134

*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:** ADOLFO GALLUZZO

**MGR**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date