

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000104754

**Entity Name:** 315-317 MIRACLE MILE LLC

**Current Principal Place of Business:**

C/O SHIRE RE LLC  
10 WRIGHT STREET, SUITE 230  
WESTPORT, CT 06880

**Current Mailing Address:**

C/O SHIRE RE LLC  
10 WRIGHT STREET, SUITE 230  
WESTPORT, CT 06880

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	Title	MGR
Name	SHULSKY, RENA	Name	PASTOR, MAX
Address	10 WRIGHT STREET, SUITE 230	Address	10 WRIGHT STREET, SUITE 230
City-State-Zip:	WESTPORT CT 06880	City-State-Zip:	WESTPORT CT 06880

*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:** MAX PASTOR

MGR

04/30/2014

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

\_\_\_\_\_ Date