

2017 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
501 MADISON AVENUE SUITE 502
NEW YORK, NY 10022

Current Mailing Address:

C/O SHIRE RE LLC
501 MADISON AVENUE SUITE 502
NEW YORK, NY 10022 US

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	501 MADISON AVENUE SUITE 502	Address	10 WRIGHT STREET, SUITE 230
City-State-Zip:	NEW YORK NY 10022	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: RENA SHULSKY

MANAGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date