

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000130915

**Entity Name:** MYBRICKELL 2504 LLC

**Current Principal Place of Business:**

2815 DAY AVE  
MIAMI, FL 33133

**Current Mailing Address:**

31 SE 6TH STREET  
APT 2504  
MIAMI, FL 33131 US

**FEI Number:** 80-0964879

**Certificate of Status Desired:** No

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

LOWENSTEIN, ELLIOT I  
2100 SALZEDO ST.  
SUITE 303  
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 SOCI DE CONDE, MARIA M  
Address 444 BRICKELL AVENUE, SUITE 51-2184  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CONDE, SABRINA  
Address 444 BRICKELL AVENUE, SUITE 51-2184  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CONDE, STEPHANIE  
Address 444 BRICKELL AVENUE, SUITE 51-2184  
City-State-Zip: MIAMI FL 33131

*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:** MARIA MIRCA SOCI DE CONDE

**MANAGER**

**01/20/2016**

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

\_\_\_\_\_  
Date