

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000173766

**Entity Name:** GABLES AUTO VAULT, LLC

**Current Principal Place of Business:**

3850 BIRD ROAD  
SUITE 801  
MIAMI, FL 33146

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC8608849869**

**Current Mailing Address:**

3850 BIRD ROAD  
SUITE 801  
MIAMI, FL 33146 US

**FEI Number:** 46-4404673

**Certificate of Status Desired:** No

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

KANTROWITZ, HOWARD  
3850 BIRD RD  
SUITE 801  
MIAMI, FL 33146 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 CABRERIZO, TOMAS  
Address 3850 BIRD ROAD,  
SUITE 801  
City-State-Zip: MIAMI FL 33146

Title MGR  
Name LOWE, SHELDON J  
Address 445 GRAND BAY DR - PH1A  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** TOMAS CABRERIZO

**MGR**

**04/19/2017**

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

\_\_\_\_\_  
Date