

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137645

**Entity Name:** MJHS DOUGLAS, LLC**Current Principal Place of Business:**5200 NE 2 AVENUE  
MIAMI, FL 33137**Current Mailing Address:**5200 NE 2 AVENUE  
MIAMI, FL 33137 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATTHEW RIEGER, P.A.  
3225 AVIATION AVENUE  
SUITE 602  
COCONUT GROVE, FL 33133 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:** MATTHEW RIEGER

04/07/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                  |
|-----------------|----------------------------------|
| Title           | AUTHORIZED MEMBER                |
| Name            | DOUGLAS GARDENS AQUISITION, INC. |
| Address         | 5200 NE 2 AVENUE                 |
| City-State-Zip: | MIAMI FL 33137                   |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | KELLEHER, JOHN F          |
| Address         | 5200 NE 2 AVENUE          |
| City-State-Zip: | MIAMI FL 33137            |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | FREIMARK, JEFFREY P       |
| Address         | 5200 NE 2 AVENUE          |
| City-State-Zip: | MIAMI FL 33137            |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | AUTHORIZED REPRESENTATIVE         |
| Name            | RIEGER, MATTHEW                   |
| Address         | 3225 AVIATION AVENUE<br>SUITE 602 |
| City-State-Zip: | COCONUT GROVE FL 33133            |

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:** MATTHEW RIEGER

AP

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date