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: JUAN FAYEN	MGR	05/01/2016		

MGR

reby certify that the	e informatio	n indicated or	this rep	ort or s

SIGNATURE: JUAN FAYEN

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: MANUEL J. VADILLO Electronic Signature of Registered Agent

## Authorized Person(s) Detail ·

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SANCHEZ, RICARDO	Name	FAYEN, JUAN M	
Address	11450 NW 34TH STREET SUITE 100	Address	11450 NW 34TH STREET SUITE 100	
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178	

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000182287

Entity Name: PFR OFFICE DORAL LLC

## **Current Principal Place of Business:**

11450 NW 34TH STREET SUITE 100 DORAL, FL 33178

## **Current Mailing Address:**

10630 NW 37TH TERR DORAL, FL 33178

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

VADILLO, MANUEL J ESQ. 11402 NW 41ST STREET SUITE 202 MIAMI, FL 33178 US

FILED May 01, 2016 Secretary of State CC3642364179

> 05/01/2016 Date

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail