

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000188437

**Entity Name:** MANACA MONARCH CENTER, LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BOULEVARD  
SUITE 960  
CORAL GABLES, FL 33134

**FILED**  
**Jan 14, 2019**  
**Secretary of State**  
**7006088946CC**

**Current Mailing Address:**

2100 PONCE DE LEON BOULEVARD  
SUITE 960  
CORAL GABLES, FL 33134 US

**FEI Number: 06-1704860**

**Certificate of Status Desired: No**

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

EL-NAFFY, HANI  
2100 PONCE DE LEON BOULEVARD  
SUITE 960  
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 MGRM  
Name MANACA INVESTMENT LIMITED PARTNERSHIP  
Address 2100 PONCE DE LEON BOULEVARD SUITE 960  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name EL-NAFFY, MAYA  
Address 2100 PONCE DE LEON BOULEVARD SUITE 960  
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED REPRESENTATIVE  
Name EL-NAFFY, DANIELLE  
Address 2100 PONCE DE LEON BOULEVARD SUITE 960  
City-State-Zip: CORAL GABLES FL 33134

*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: MAYA EL-NAFFY**

**BUSINESS MANAGER**

**01/14/2019**

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

\_\_\_\_\_  
Date