

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000189431

**Entity Name:** CPAC ROYAL UNIVERSITY MM, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BOULEVARD  
SUITE 1250  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BOULEVARD  
SUITE 1250  
CORAL GABLES, FL 33134 US

**FEI Number:** 32-0457357

**Certificate of Status Desired:** No

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

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
200 EAST LAS OLAS BOULEVARD  
SUITE 2100  
FORT LAUDERDALE, FL 33301 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 ESQUENAZI, ALAN  
Address 2121 PONCE DE LEON BOULEVARD,  
SUITE 1250  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name WEISER, WARREN  
Address PONCE DE LEON BOULEVARD, SUITE  
1250  
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:** WARREN WEISER

**MANAGER**

**03/12/2018**

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

\_\_\_\_\_  
Date