

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000010830

**Entity Name:** ACCB PROPERTIES, LLC

**Current Principal Place of Business:**

6915 RED ROAD  
SUITE 204  
CORAL GABLES, FL 33143

**Current Mailing Address:**

6915 RED ROAD  
SUITE 204  
CORAL GABLES, FL 33143 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GURIAN, JORGE  
355 ALHAMBRA CIRCLE  
SUITE 801  
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 MGR  
Name BERRIOS, CARLOS  
Address 6915 RED ROAD, SUITE 204  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name BERRIOS, MARY  
Address 6915 RED ROAD, SUITE 204  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name CURE, ADIB  
Address 6915 RED ROAD, SUITE 204  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name PENABAD, CARIE ANN  
Address 6915 RED ROAD, SUITE 204  
City-State-Zip: CORAL GABLES FL 33143

*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:** CARLOS BERRIOS

MGR

04/28/2016

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

\_\_\_\_\_  
Date