

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000074683

**Entity Name:** DORAL ISLES 6237, LLC

**Current Principal Place of Business:**

6237 113 PLACE  
DORAL, FL 33178

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC7957627945**

**Current Mailing Address:**

C/O 8950 SW 74TH CT.  
SUITE 1901  
MIAMI, FL 33156 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ATRIUM REGISTERED AGENTS, INC.  
8950 SOUTHWEST 74TH COURT  
SUITE 1901  
MIAMI, FL 33156 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 AGRAPIDAKI, NICOLAS  
Address 6237 113 PLACE  
City-State-Zip: DORAL FL 33178

*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: AGRAPIDAKI , NICOLAS**

**MGR**

**04/17/2017**

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

\_\_\_\_\_  
Date