

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000096092

**Entity Name:** ONE FLAGLER 805 LLC

**Current Principal Place of Business:**

14 NE 1ST AVE.  
SUITE #805  
MIAMI, FL 33132

**Current Mailing Address:**

2929 SW 3RD AVE. SUITE 412  
MIAMI, FL 33129 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MIAMI CONDO SERVICES  
2929 SW 3RD AVE. SUITE 412  
MIAMI, FL 33129 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            AMBR  
Name            GAMBINO, GUSTAVO  
Address        785 CRANDON BLVD APT 201  
City-State-Zip: KEY BISCAYNE FL 33149

Title            AMBR  
Name            COSTA, EDGARDO  
Address        JUANA MANSO 1750-PISO 5Â°  
City-State-Zip: C.A.B.A. BA 1001

Title            AMBR  
Name            GIARRIZZO, RICARDO  
Address        JUANA MANSO 1750-PISO 5Â°  
City-State-Zip: C.A.B.A. BA 1001

*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:** GAMBINO GUSTAVO

AMBR

03/21/2017

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

\_\_\_\_\_  
Date