

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000069737

**Entity Name:** LA CEIBA 901 LLC

**Current Principal Place of Business:**

15901 COLLINS AVE  
504  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

15901 COLLINS AVE  
504  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 35-2562067

**Certificate of Status Desired:** No

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

PARLADE, JAIME  
5975 SUNSET DRIVE  
802  
SOUTH MIAMI, FL 33143 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 JIMENEZ, IVAN  
Address 15901 COLLINS AVE, #504  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name RUIZ, DALIA  
Address 15901 COLLINS AVE  
504  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name JIMENEZ RUIZ, ILIANA  
Address 15901 COLLINS AVE  
504  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR  
Name JIMENEZ RUIZ, IVANNA  
Address 15901 COLLINS AVE  
504  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** IVAN JIMENEZ

04/28/2017

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

\_\_\_\_\_  
Date