

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000079290

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC6324932778**

**Entity Name:** GABLES WATERWAY RESIDENCES LLC

**Current Principal Place of Business:**

1390 SOUTH DIXIE HIGHWAY  
SUITE #1309  
CORAL GABLES, FL 33146

**Current Mailing Address:**

848 BRICKELL AVE  
SUITE 305  
MIAMI, FL 33131 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SISO, ARTURO  
848 BRICKELL AVE  
SUITE 305  
MIAMI, FL 33131 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            SISO, ARTURO  
Address        848 BRICKELL AVE SUITE 305  
City-State-Zip: MIAMI FL 33131

Title            MGR  
Name            ORTIZ, JORGE  
Address        1390 SOUTH DIXIE HIGHWAY  
                  STE 1309  
City-State-Zip: CORAL GABLES FL 33146

*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:** ARTURO SISO

**MANAGER**

**01/12/2018**

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

\_\_\_\_\_  
Date