## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000141823

Entity Name: MYSTIC POINTE 2003, LLC

**Current Principal Place of Business:** 

2100 PONCE DE LEON BLVD.

**SUITE 1050** 

CORAL GABLES, FL 33134

**Current Mailing Address:** 

2100 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES, FL 33134 US

FEI Number: 81-3424033 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARIETTA MAINIERI, P.A. 2100 PONCE DE LEON BLVD. SUITE 1050-B 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

FILED Apr 10, 2017

**Secretary of State** 

CC7131677832

## Authorized Person(s) Detail:

Title MGR

Name DI MARTINO, NATALIA

Address 2100 PONCE DE LEON BLVD., STE.

1050

City-State-Zip: CORAL GABLES FL 33134

SIGNATURE: NATALIA DI MARTINO

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/10/2017

Date