## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000195982

Entity Name: 31 SE 5 STREET UNIT 2303 LLC

FILED
Mar 14, 2017
Secretary of State
CC3663387605

## **Current Principal Place of Business:**

1607 PONCE DE LEON BLVD., STE. 205

CORAL GABLES, FL 33134

## **Current Mailing Address:**

1607 PONCE DE LEON BLVD., STE. 205 CORAL GABLES. FL 33134

FEI Number: 81-4402370 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KLASSMAN, ISABEL R 9200 BAY HARBOR TERRACE, APT. 5C BAY HARBOR ISLANDS, FL 33154 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 Title MGR

Name BRYCE COUNTRY CORPORATION Name TOSELLI, JUAN R

Address 1607 PONCE DE LEON BLVD., STE. Address 1607 PONCE DE LEON BLVD., STE.

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MGR Title MGR

Name SUAREZ, SILVIA S Name TOSELLI, JUAN C

Address 1607 PONCE DE LEON BLVD., STE. Address 1607 PONCE DE LEON BLVD., STE.

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

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