

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000016518

**Entity Name:** GABLES PARTNERS HOLDINGS LLC

**Current Principal Place of Business:**

4225 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4225 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VILA, OSCAR  
201 ALHAMBRA CIRCLE  
702  
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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BOSCHETTI, JOSE R	Name	BRILLEMBOURG, RENE
Address	P O BOX 330967	Address	6619 S DIXIE HIGHWAY 384
City-State-Zip:	MIAMI FL 33233	City-State-Zip:	MIAMI FL 33143

*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:** JOSE BOSCHETTI

**MANAGER**

**04/26/2023**

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

\_\_\_\_\_  
Date