

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000203256

Entity Name: LMX CAPE HARBOUR GROUP, LLC**Current Principal Place of Business:**550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**Current Mailing Address:**550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134 US**FEI Number:** 82-2967808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHECHTER, ROSA ECKSTEIN
550 BILTMORE WAY STE 1110
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 PRESIDENT
Name STERN, RODOLFO
Address 550 BILTMORE WAY STE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name STERN, EDUARDO
Address 550 BILTMORE WAY STE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDENT AND TREASURER
Name SERVIANSKY, DAVID
Address 550 BILTMORE WAY STE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDENT AND SECRETARY
Name HORWITZ, ROBERTO
Address 550 BILTMORE WAY STE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name CEPERO, VIRGINIA
Address 550 BILTMORE WAY STE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name SCHECHTER, ROSA ECKSTEIN
Address 550 BILTMORE WAY STE 1110
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.

SIGNATURE: RODOLFO STERN**PRESIDENT****06/18/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date