

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000212156

**Entity Name:** FLATIRON 2803 LLC

**Current Principal Place of Business:**

153 SEVILLA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114-0668 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

M.J. F. REGISTERED AGENT CORP  
153 SEVILLA AVENUE  
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	AMBR	Title	MGR
Name	LORETO, PATRICIA	Name	LORETO, PATRICIA
Address	6620 INDIAN CREEK DRIVE, APT 613	Address	6620 INDIAN CREEK DRIVE, APT 613
City-State-Zip:	MIAMI FL 33141	City-State-Zip:	MIAMI FL 33141

*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:** LORETO , PATRICIA

AMBR

02/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date