

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000240184

**Entity Name:** AMAIZE AVENTURA LLC

**Current Principal Place of Business:**

19129 BISCAYNE BOULEVARD  
AVENTURA, FL 33180

**Current Mailing Address:**

6700 MAIN STREET  
MIAMI LAKES, FL 33014

**FEI Number:** 38-4053833

**Certificate of Status Desired:** Yes

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

MONTERO, ALEX  
7805 CORAL WAY  
SUITE 102  
MIAMI, FL 33155 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  
Name COHEN, KAREN A  
Address 6700 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name GARCIA, ANDRES E  
Address 6700 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name STRULOVIC, ALBERTO  
Address 6700 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title SECRETARY  
Name GONZALEZ , ANA  
Address 6700 MAIN STREET  
City-State-Zip: MIAMI LAKES FL 33014

*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:** KAREN ARMANDO COHEN

MGR

03/04/2018

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

\_\_\_\_\_  
Date