

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000285

**Entity Name:** GAMLA-CEDRON LA VIA LLC

**Current Principal Place of Business:**

2875 N.E. 191ST STREET, SUITE 200  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 N.E. 191ST STREET, SUITE 200  
AVENTURA, FL 33180 US

**FEI Number:** 26-4117552

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGRM  
Name CEDRON FLORIDA, LLC  
Address 2875 N.E. 191ST STREET, SUITE 200  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name GAMLA FLORIDA, LLC  
Address 2875 N.E. 191ST STREET, SUITE 200  
City-State-Zip: AVENTURA FL 33180

*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:** GAMLA FLORIDA

**MGR**

**03/16/2017**

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

\_\_\_\_\_  
Date