our one ma	illing Address:			
	91ST STREET, SUITE 801 A, FL 33179			
FEI Numbe	r: 30-0564947		Certificate of Status De	esired: No
Name and <i>I</i>	Address of Current Registered Agent	::		
NRAI SERVICI	ES, INC PINE ISLAND ROAD			
	FL 33324 US			
PLANTATION,		ging its registered office or regis	tered agent, or both, in the State of	Florida.
PLANTATION, The above name	FL 33324 US	ging its registered office or regis	tered agent, or both, in the State of	Florida. 01/31/2017
PLANTATION,	FL 33324 US	ging its registered office or regis	tered agent, or both, in the State of	
PLANTATION, The above name SIGNATUR	FL 33324 US ed entity submits this statement for the purpose of chang E: NRAI SERVICES	ging its registered office or regis	tered agent, or both, in the State of	01/31/2017
PLANTATION, The above name SIGNATUR	FL 33324 US ed entity submits this statement for the purpose of chang E: NRAI SERVICES Electronic Signature of Registered Agent	ging its registered office or regis	tered agent, or both, in the State of	01/31/2017
PLANTATION, The above name SIGNATUR Authorized	FL 33324 US ed entity submits this statement for the purpose of change E: NRAI SERVICES Electronic Signature of Registered Agent Person(s) Detail :			01/31/2017
PLANTATION, The above name SIGNATUR Authorized Title	 FL 33324 US ed entity submits this statement for the purpose of change E: NRAI SERVICES Electronic Signature of Registered Agent Person(s) Detail : MGRM 	Title	MGRM	01/31/2017

Current Principal Place of Business: 2875 N.E. 191ST STREET, SUITE 200 AVENTURA, FL 33179

DOCUMENT# M0900002142

Entity Name: GAMLA-CEDRON ARBORS, LLC

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Mailing Address:

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

MEMBER

01/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 31, 2017 Secretary of State CC8571114549