2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001891

Entity Name: 2641 N FLAMINGO, LLC

Current Principal Place of Business:

2200 BISCAYNE BLVD. MIAMI. FL 33137

Current Mailing Address:

2200 BISCAYNE BLVD. MIAMI, FL 33137

FEI Number: 45-1678491 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEITELMAN, MICHAEL 2200 BISCAYNE BLVD. MIAMI, FL 33137 US

City-State-Zip:

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: MICHAEL SHEITELMAN 04/14/2016

Electronic Signature of Registered Agent

Date

FILED Apr 14, 2016

Secretary of State

CC6523571082

Authorized Person(s) Detail :

Title MGR Title ΑT

2461 N FLAMINGO HOLDINGS, LLC Name DE ALMAGRO, PABLO Name 2200 BISCAYNE BLVD. Address 2200 BISCAYNE BLVD. Address City-State-Zip: MIAMI FL 33137 MIAMI FL 33137

Title **PRESIDENT** Title S

Name DUCHMAN, BRIAN Name DACHOH, SHLOMO Address 2200 BISCAYNE BLVD. Address 2200 BISCAYNE BLVD. MIAMI FL 33137 City-State-Zip: City-State-Zip: MIAMI FL 33137

VΡ Title \/P Title

Name SHEITELMAN, MICHAEL NOLIN. PHYLLIS Name Address 2200 BISCAYNE BLVD. 2200 BISCAYNE BLVD. Address City-State-Zip: MIAMI FL 33137 MIAMI FL 33137 City-State-Zip:

Title AUTHORIZED REPRESENTATIVE Title **TREASURER**

KLEIN, CASEY Name ZDON, JOSEPH Name

2200 BISCAYNE BLVD. Address 2200 BISCAYNE BLVD. Address City-State-Zip: MIAMI FL 33137 MIAMI FL 33137 City-State-Zip:

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.

04/14/2016 SIGNATURE: RUSSELL W. GALBUT **MGR**

Electronic Signature of Signing Authorized Person(s) Detail

Date