

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000008305

**Entity Name:** PJG WATSON, L.L.C.

**Current Principal Place of Business:**

16047 S COLLINS  
UNIT 1904  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16047 S COLLINS AVE  
UNIT 1904  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 65-1061497

**Certificate of Status Desired:** No

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

LEVINE, MARY  
16047 S COLLINS AVE  
UNIT 1904  
SUNNY ISLES BEACH, FL 33160 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 LEVINE, MARY M  
Address 16047 S COLLINS AVE  
UNIT 1904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MSEC  
Name LEVINE, MARY H  
Address 16047 S COLLINS AVE  
UNIT 1904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name KRONGOLD, MARSHALL R  
Address 130 S HIBISCUS DR  
City-State-Zip: MIAMI BEACH FL 33139

*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:** MARY LEVINE

MSEC

01/16/2020

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

\_\_\_\_\_  
Date