

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000413

**Entity Name:** 121 MAJORCA, LLC

**Current Principal Place of Business:**

121 MAJORCA AVE.  
SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 MAJORCA AVE.  
SUITE 300  
CORAL GABLES, FL 33134

**FEI Number:** 90-0073524

**Certificate of Status Desired:** No

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

NORTON, ROBERT L  
121 MAJORCA, SUITE 300  
CORAL GABLES, FL 33134 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 P  
Name NORTON, ROBERT L  
Address 121 MAJORCA AVE  
City-State-Zip: CORAL GABLES FL 33155

Title VP  
Name NORTON, SUSAN  
Address 121 MAJORCA AVE  
City-State-Zip: CORAL GABLES FL 33155

Title VP  
Name MATTIMORE, MICHAEL  
Address 906 N. MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name GOMEZ, RODOLFO  
Address 121 MAJORCA AVE  
City-State-Zip: CORAL GABLES FL 33155

Title VP  
Name SAMPO, PETER L  
Address 121 MAJORCA AVENUE  
City-State-Zip: CORAL GABLES FL 33155

Title FACILITIES MANAGER  
Name WATSON, MICK  
Address 121 MAJORCA AVE.  
City-State-Zip: CORAL GABLES FL 33134

*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:** MICK WATSON

**FACILITIES MANAGER**

**04/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date