

2020 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

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: ROBERT L. NORTON**PRESIDENT****01/15/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date