

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016819

**Entity Name:** 535 SANTANDER, L.L.C.

**Current Principal Place of Business:**

118 MOCKINGBIRD ROAD  
TAVERNIER, FL 33070

**Current Mailing Address:**

118 MOCKINGBIRD ROAD  
TAVERNIER, FL 33070 US

**FEI Number:** 55-0788070

**Certificate of Status Desired:** No

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

KROSS, MIRIAM  
118 MOCKINGBIRD ROAD  
TAVERNIER, FL 33070 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 MMGR  
Name KROSS, MIRIAM  
Address 118 MOCKINGBIRD ROAD  
City-State-Zip: TAVERNIER FL 33070

Title MMGR  
Name FABRE, ALVARO  
Address 118 MOCKINGBIRD ROAD  
City-State-Zip: TAVERNIER FL 33070

Title MGRM  
Name FABRE, ERNESTO  
Address 118 MOCKINGBIRD ROAD  
City-State-Zip: TAVERNIER FL 33070

Title MGRM  
Name FABRE, PAUL  
Address 118 MOCKINGBIRD ROAD  
City-State-Zip: TAVERNIER FL 33070

*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:** ERNESTO A FABRE

MGRM

04/08/2021

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

\_\_\_\_\_ Date