

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 26, 2019
Secretary of State
0934335489CC

Entity Name: LAW CENTER OF THE AMERICAS, LLC

Current Principal Place of Business:

201 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33131

Current Mailing Address:

201 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33131

FEI Number: 20-0593477

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS HOLDINGS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 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 MGRP
Name MEYER, JAMES M
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name HAGEN, STEVEN H
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name PEREZ, MANUEL A
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name ALBERT, RONALD JR
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name DRIBIN, MICHAEL A
Address 201 SOUTH BISCAYNE BLVD.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name DELUCA, KATHLEEN A
Address 201 SOUTH BISCAYNE BLVD.
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name OSORIO, CARLOS F
Address 201 SOUTH BISCAYNE BLVD.
SUITE 800
City-State-Zip: MIAMI FL 33131

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: STEVEN H. HAGEN

VICE PRESIDENT

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date