

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029150

**Entity Name:** 139TH AVENUE S.W. 8TH STREET, L.L.C.

**Current Principal Place of Business:**

80 SW 8TH STREET  
#2000  
MIAMI, FL 33130

**Current Mailing Address:**

80 SW 8TH STREET  
#2000  
MIAMI, FL 33130 US

**FEI Number:** 65-1202407

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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:** ERIC HOOD

01/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WEST EIGHT CORP.  
Address 80 SW 8TH STREET  
#2000  
City-State-Zip: MIAMI FL 33130

Title MGR  
Name IMAGE INTERNATIONAL  
INVESTMENTS INC.  
Address 1000 BRICKELL AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name M4 INVESTMENTS LTD.  
Address 1100 S. FEDERAL HIGHWAY  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name TAMIAMI TRAIL PARTNERS LLC  
Address 1100 BRICKELL AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name PEBBLESTONE WORLDWIDE LIMITED  
Address 1100 S. FEDERAL HIGHWAY  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name RUMO BUSINESS LTD.  
Address 1100 S. FEDERAL HIGHWAY  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** GABRIELA MARANHÃO MACHADO GUIMARAES

**AUTHORIZED PERSON**

01/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date