Der: 20-0829692 Certificate of Status Desired:		sired: No	
ddress of Current Registered Agent:			
REET			
entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Fl	orida.
SERGIO CONCEPCION			04/18/2018
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGR	Title	MGR	
ALVAREZ JR, JOSE M	Name	ALVAREZ, SELINA	
647 ESCOBAR AVENUE	Address	903 ESCOBAR AVE	
CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
MGR			
CONCEPCION, MARIA A			
4300 SANTA MARIA ST			
MIAMI FL 33146			
	Address of Current Registered Agent: SERGIO REET 55 US d entity submits this statement for the purpose of changing its re E: SERGIO CONCEPCION Electronic Signature of Registered Agent Person(s) Detail : MGR ALVAREZ JR, JOSE M 647 ESCOBAR AVENUE CORAL GABLES FL 33134 MGR CONCEPCION, MARIA A 4300 SANTA MARIA ST	Address of Current Registered Agent: SERGIO REET 55 US d entity submits this statement for the purpose of changing its registered office or registered entity submits this statement for the purpose of changing its registered office or registered SERGIO CONCEPCION Electronic Signature of Registered Agent Person(s) Detail : MGR Title ALVAREZ JR, JOSE M Name 647 ESCOBAR AVENUE Address CORAL GABLES FL 33134 City-State-Zip: MGR CONCEPCION, MARIA A 4300 SANTA MARIA ST	Address of Current Registered Agent:   SERGIO REET 55 US   dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of FI   E   SERGIO CONCEPCION   Electronic Signature of Registered Agent   Person(s) Detail :   MGR   ALVAREZ JR, JOSE M   647 ESCOBAR AVENUE   CORAL GABLES FL 33134   MGR   CONCEPCION, MARIA A   4300 SANTA MARIA ST

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: MARIA CONCEPCION

Electronic Signature of Signing Authorized Person(s) Detail

7140 SW 40 ST

## FEI Number: 20-0829692

### Ν

## **Current Mailing Address:**

MIAMI, FL 33155

# DOCUMENT# L04000016147

Entity Name: 14 EAST HIALEAH APARTMENTS, LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

7140 SW 40 STREET MIAMI, FL 33155

Cartificate of Status Desired, No

FILED Apr 18, 2018 Secretary of State CC6766474452

04/18/2018

Date

MGR