

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018238

Entity Name: 8005, LLC

**Current Principal Place of Business:**

2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

FEI Number: 20-2734501

Certificate of Status Desired: Yes

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

SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
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 MGR  
Name NG, ABE  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NG, ALLAN  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NG, BETTY  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NG, IVA  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

*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: IVA NG

MGRM

03/27/2019

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

\_\_\_\_\_ Date