

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018301

Entity Name: NG, 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: 20-0541758

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

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

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

Title MGRM
Name NG, ABE
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

03/15/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date