

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036476

**Entity Name:** SUAREZ ASSETS MANAGEMENT, LLC**Current Principal Place of Business:**115 SUAREZ RANCH DRIVE  
QUINCY, FL 32351**Current Mailing Address:**P O BOX 1786  
QUINCY, FL 32353 US**FEI Number:** 56-2466170**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOTO, OSVALDO N  
2151 S LEJEUNE ROAD, SUITE 310  
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	MGRM
Name	SUAREZ, ALBERTO FMGRM
Address	P O BOX 1786
City-State-Zip:	QUINCY FL 32353

Title	MGRM
Name	SUAREZ, CYNTHIA JMGRM
Address	P O BOX 1786
City-State-Zip:	QUINCY FL 32353

Title	MGRM
Name	SUAREZ, SCOTT AMGRM
Address	P O BOX 1786
City-State-Zip:	QUINCY FL 32353

Title	MEMBER
Name	SUAREZ, ERIK JM
Address	P O BOX 1786
City-State-Zip:	QUINCY FL 32353

*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:** ALBERTO SUAREZ

MGRM

02/03/2019

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