

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012978

Entity Name: LAW CENTER OF THE AMERICAS HOLDINGS, LLC**Current Principal Place of Business:**201 SOUTH BISCAYNE BLVD
SUITE 800
MIAMI, FL 33131**Current Mailing Address:**201 SOUTH BISCAYNE BLVD
SUITE 800
MIAMI, FL 33131**FEI Number:** 26-2912290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 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 MGRV
Name HAGEN, STEVEN H
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name PEREZ, MANUEL A
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name DRIBIN, MICHAEL A
Address 201 SOUTH BISCAYNE BLVD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name OSORIO, CARLOS F
Address 201 SOUTH BISCAYNE BLVD
SUITE 800
City-State-Zip: MIAMI FL 33131

Title MGRP
Name MEYER, JAMES M
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name ALBERT, RONALD JR.
Address 201 SOUTH BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33131

Title MGRV
Name DELUCA, KATHLEEN A
Address 201 SOUTH BISCAYNE BLVD
SUITE 800
City-State-Zip: MIAMI FL 33131

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: STEVEN H. HAGEN**VICE PRESIDENT****03/26/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date