# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062302

Entity Name: ILCATI 2901, LLC

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

2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134

## **Current Mailing Address:**

2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134 US

## FEI Number: 20-4507270

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

CONSULTING SERVICES OF SOUTH FLORIDA INC 2121 PONCE DE LEON BLVD SUITE 1050 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	: ANTONIO GARCIA			06/25/2020
	Electronic Signature of Registered Agent			Date
Authorized F	Person(s) Detail :			
Title	MGR	Title	MGR	
Name	OROZCO LOZANO, MAHIELLI	Name	SOLIS, EDUARDO	
Address	2121 PONCE DE LEON BLVD SUITE 1050	Address	2121 PONCE DE LEON BLVD SUITE 1050	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	MGR			
Name	BONIFAZ, MARGARITA JIMENEZ			
Address	2121 PONCE DE LEON BLVD SUITE 1050			
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: EDUARDO SOLIS

MANAGER

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 25, 2020 Secretary of State 9603502279CC

Certificate of Status Desired: No