## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051273

Entity Name: MAXILU GROVES, LLC

**Current Principal Place of Business:** 

4000 PONCE DE LEON BLVD STE 790

CORAL GABLES. FL 33146

**Current Mailing Address:** 

4000 PONCE DE LEON BLVD STE 790 CORAL GABLES. FL 33146 US

FEI Number: 20-4919731 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F 4000 PONCE DE LEON BLVD STE 790 CORAL GABLES, FL 33146 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

**FILED** Jan 16, 2017

**Secretary of State** 

CC8661027169

Authorized Person(s) Detail:

Title MGR Title MGR

ARRIAGA DE LA CRUZ, GLORIOSA Name ARRIAGA FELPETO, ANA MARIA Name

4000 PONCE DE LEON BLVD STE 790 Address 4000 PONCE DE LEON BLVD STE 790 Address

City-State-Zip: CORAL GABLES FL 33146 CORAL GABLES FL 33146 City-State-Zip:

Title MGR

DE LA CRUZ, LUIS F Name

Address 4000 PONCE DE LEON BLVD STE 790

City-State-Zip: CORAL GABLES FL 33146

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: LUIS F DE LA CRUZ

**MANAGER** 

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date