### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067546

**Entity Name: MIAPROP LLC** 

**FILED** Mar 11, 2019 **Secretary of State** 0123485212CC

# **Current Principal Place of Business:**

19 WEST FLAGLER STREET #1212 MIAMI, FL 33130

## **Current Mailing Address:**

19 WEST FLAGLER STREET #1212 MIAMI, FL 33130 US

FEI Number: 38-3754748 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

TIMOTHY K BARKET, P.A. 19 WEST FLAGLER STREET #1212 MIAMI, FL 33130 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 **MGMR** Title **MGMR** 

Name BARKET, TIMOTHY K Name BARKET, KELLY JR.

19 WEST FLAGLER ST #1212 Address 19 WEST FLAGLER STREET #1212 Address

City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33130

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.