

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000079741

**Entity Name:** WAYSIDE, LLC**Current Principal Place of Business:**1430 S. DIXIE HWY  
SUITE 306  
CORAL GABLES, FL 33146**Current Mailing Address:**1430 S. DIXIE HWY  
SUITE 306  
CORAL GABLES, FL 33146 US**FEI Number:** 20-5396914**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, ALEJANDRO J  
1430 S. DIXIE HWY  
SUITE 306  
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**Authorized Person(s) Detail :**

Title	MGR
Name	GARCIA, ALEJANDRO J
Address	1430 S. DIXIE HWY SUITE 309
City-State-Zip:	CORAL GABLES FL 33146

Title	AUTHORIZED MEMBER
Name	ARRIETA, ALEJANDRO M
Address	1430 S. DIXIE HWY SUITE 309
City-State-Zip:	CORAL GABLES FL 33146

Title	AUTHORIZED MEMBER
Name	ARRIETA, GILLIAN
Address	1430 S. DIXIE HWY SUITE 309
City-State-Zip:	CORAL GABLES FL 33146

Title	AUTHORIZED MEMBER
Name	GARCIA, LAURA E
Address	1430 S. DIXIE HWY SUITE 309
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:** ALEJANDRO GARCIA

RA

03/15/2018

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