## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076663

Entity Name: SAZON CUBAN CUISINE, L.L.C.

**Current Principal Place of Business:** 

7305 COLLINS AVENUE MIAMI BEACH, FL 33141

**Current Mailing Address:** 

10420 S.W. 19TH STREET MIAMI. FL 33165

FEI Number: 26-0603724 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SKLAR, NEAL ISQR ONE SOUTHEAST THIRD AVENUE **SUITE 3100** 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

**FILED** Mar 04, 2017

**Secretary of State** 

CC3497942023

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

SEOANES, RUBEN SKLAR, OSCAR Name Name

Address 10420 S.W. 19TH STREET Address 2310 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 MIAMI FL 33165 City-State-Zip: City-State-Zip:

Title **MGRM** Title MGRM

Name **EM FAMILY HOLDINGS LP** Name HOLTZ, FANA 7305 COLLINS AVENUE Address Address 9999 COLLINS AVE PH3 MIAMI BEACH FL 33141 City-State-Zip: City-State-Zip: BAL HARBOUR FL 33154

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: RUBEN SEOANES

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/04/2017 Date