

**2019 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:** No

**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

**Authorized Person(s) Detail :**

Title MGRM  
Name SEOANES, RUBEN  
Address 10420 S.W. 19TH STREET  
City-State-Zip: MIAMI FL 33165

Title MGRM  
Name SKLAR, OSCAR  
Address 7305 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33141

Title MGRM  
Name HOLTZ, FANA  
Address 9999 COLLINS AVE PH3  
City-State-Zip: BAL HARBOUR FL 33154

Title MGRM  
Name EM FAMILY HOLDINGS LP  
Address 7305 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33141

*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:** OSCAR SKLAR

**MGR**

**01/21/2019**

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

\_\_\_\_\_  
Date