## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016276

Entity Name: WASHINGTON STORE #2 LLC

## **Current Principal Place of Business:**

17525 NE 9TH AVE MIAMI, FL 33162

## **Current Mailing Address:**

17525 NE 9TH AVE MIAMI, FL 33162 US

# FEI Number: 59-2164536

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SOSTCHIN, BURL 17525 NE 9TH AVE MIAMI, FL 33162 US FILED

Certificate of Status Desired: No

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:

Authorized Person(s) Detail :					
Title	AUTHORIZED MEMBER			Title	

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	HENRIETTA SOSTCHIN REVOCABLE	Name	VIVES, GRACE	
Address	TRUST 17525 NE 9TH AVE	Address	17525 NE 9TH AVE	
		City-State-Zip:	MIAMI FL 33162	
City-State-Zip:	MIAMI FL 33162			
Title	MGR	Title	AUTHORIZED MEMBER	
	-	Name	DANA SOSTCHIN REVOCABLE TRUST	
Name	SOSTCHIN, BURL M	Address	17525 NE 9TH AVE	
Address	17525 NE 9TH AVE	City-State-Zip:	MIAMI FL 33162	
City-State-Zip:	MIAMI FL 33162	City-State-Zip.	MIAMI FE 33102	
		Title	AUTHORIZED MEMBER	
Title	AUTHORIZED MEMBER	Name	GUILLERMO SOSTCHIN FAMILY TRUST	
Name	IDA PERCAL IRREVOCABLE TRUST			
Address	17525 NE 9TH AVE	Address	17525 NE 9TH AVE	
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI FL 33162	

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: BURL SOSTCHIN

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail