## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000021228

Entity Name: BESIDU, LLC

**FILED** Mar 07, 2019 **Secretary of State** 1873993053CC

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

2301 COLLINS AVENUE

510

MIAMI BEACH, FL 33139

## **Current Mailing Address:**

2301 COLLINS AVENUE

510

MIAMI BEACH, FL 33139 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HELLER, DAN P 2701 PONCE DE LEON BOULEVARD **SUITE 310** CORAL GABLES, FL 33134 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: DAN PHELLER 03/07/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name DUMONTET REMONDA, MARIA JOSE Name REMONDA LAMAS, SILVIA NORMA

2301 COLLINS AVENUE 2301 COLLINS AVENUE Address Address

> 510 510

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139

Title MGR Title MGRM

Name DUMONTET REMONDA, MARIA BELEN Name DUMONTET, HECTOR AUGUSTO R

Address 2301 COLLINS AVENUE Address 2301 COLLINS AVENUE 510

510 City-State-Zip: MIAMI BEACH FL 33139

City-State-Zip: MIAMI BEACH FL 33139

Title MGR

DUMONTET REMONDA, SILVIA Name

**NORMA** 

2301 COLLINS AVENUE Address

510

MIAMI BEACH FL 33139 City-State-Zip:

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: HECTOR AUGUSTO ROQUE DUMONTET

**MANAGER** 

03/07/2019