

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068825

**Entity Name:** 439 ALAQUA LLC

**Current Principal Place of Business:**

3001 NE 185 STREET  
439  
AVENTURA, FL 33180

**Current Mailing Address:**

5790 JOHNSON STREET  
HOLLYWOOD, FL 33021 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SABBAGH, TAMARA  
5790 JOHNSON STREET  
HOLLYWOOD, FL 33021 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 RIVERA, PAOLA J  
Address 3001 NE 185 STREET, UNIT 439  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name SABBAGH, TAMARA  
Address 5790 JOHNSON STREET  
City-State-Zip: HOLLYWOOD FL 33021

*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:** SABBAGH , TAMARA

MGRM

03/16/2017

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

\_\_\_\_\_  
Date