

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068825

**Entity Name:** 439 ALAQUA LLC

**Current Principal Place of Business:**

3001 NE 185 ST  
ALAQUA APT.439  
AVENTURA, FL 33180

**Current Mailing Address:**

3001 NE 185 ST  
ALAQUA APT.439  
AVENTURA, FL 33180 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JOURDAIN RIVERA, PAOLA  
3001 NE 185 ST  
ALAQUA APT.439  
AVENTURA, FL 33180 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:** PAOLA JOURDAIN RIVERA

01/31/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	JOURDAIN RIVERA, PAOLA	Name	RIVERA, VICTORIA ARIEL
Address	3001 NE 185 ST ALAQUA APT.439	Address	3001 NE 185 ST ALAQUA APT.439
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

*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:** PAOLA JOURDAIN RIVERA

MGRM

01/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date