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.

MANAGER

SIGNATURE: SANDRA QUILICHINI

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000109869

Entity Name: 405 SOUTH PINE ISLAND RD LLC

Current Principal Place of Business:

8551 W SUNRISE BLVD #105 PLANTATION FL 33322

Current Mailing Address:

PLANTATION, FL 33322 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

QUILICHINI, SANDRA 8551 W SUNF PLANTATION

The above nam

SIGNATURE	: QUILICHINI SANDRA			01/19/2021	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGMR		
Name	QUILICHINI, SANDRA	Name	ALEXANDRE, QUILICHINI		
Address	8551 W SUNRISE BLVD #105	Address	10923 NW 18 PLACE		
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322		

-	BLVD #105 33322 US					
med ei	ntity submits this statement for the purpose of changing its regist	ered office or regist	ered agent, or both, in the State of Flor	ida.		
RE:	QUILICHINI SANDRA			01/19/2021		
	Electronic Signature of Registered Agent			Date		
ed Person(s) Detail :						
Ν	/GRM	Title	MGMR			
C	QUILICHINI, SANDRA	Name	ALEXANDRE, QUILICHINI			

8551 W SUNRISE BLVD #105

Jan 19, 2021 Secretary of State 3677701415CC

Certificate of Status Desired: No

FILED

01/19/2021 Date