

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113419

**Entity Name:** TW 38, LLC

**Current Principal Place of Business:**

21860 REFLECTION LANE  
BOCA RATON, FL 33428

**Current Mailing Address:**

21860 REFLECTION LANE  
BOCA RATON, FL 33428

**FEI Number:** 27-1502357

**Certificate of Status Desired:** No

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

QUINONES, JACOBO  
20166 OCEAN KEY DRIVE  
BOCA RATON, FL 33498 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           | MGR                   | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | INOLTRA, LLLP         | Name            | ALIBERTON, MARIA CRISTINA |
| Address         | 21860 REFLECTION LANE | Address         | 21860 REFLECTION LANE     |
| City-State-Zip: | BOCA RATON FL 33428   | City-State-Zip: | BOCA RATON FL 33428       |

*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:** MARIA C ALIBERTON

**MANAGER**

**03/16/2021**

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

\_\_\_\_\_  
Date