

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000123274

**Entity Name:** 1720, LLC

**Current Principal Place of Business:**

1717 N BAYSHORE DRIVE  
2556  
MIAMI, FL 33132

**Current Mailing Address:**

1717 N BAYSHORE DRIVE  
2556  
MIAMI, FL 33132 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LINARES, JULIAN  
1717 N BAYSHORE DRIVE  
2556  
MIAMI, FL 33132 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 LINARES, JULIAN  
Address 250 NW 23 STREET #212  
City-State-Zip: MIAMI FL 33127

Title MGRM  
Name LINARES, JULIAN  
Address 1717 N. BAYSHORE DR., # 2556  
City-State-Zip: MIAMI FL 33132

Title MGRM  
Name LINARES, JULIAN  
Address 1717 N. BAYSHORE DR., # 2556  
City-State-Zip: MIAMI FL 33132

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Title MGRM  
Name LINARES, JULIAN  
Address 1717 N. BAYSHORE DR., # 2556  
City-State-Zip: MIAMI FL 33132

Title MGRM  
Name LINARES, JULIAN  
Address 1717 N. BAYSHORE DR., # 2556  
City-State-Zip: MIAMI FL 33132

*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:** JULIAN LINARES

**MGRM**

**04/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date