# DOCUMENT# L10000101781

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LA CARRETA AT PEMBROKE PINES, LLC.

## Current Principal Place of Business:

3663 SW 8TH STREET PENTHOUSE MIAMI, FL 33135

### **Current Mailing Address:**

3663 SW 8TH STREET PENTHOUSE MIAMI, FL 33135

#### FEI Number: 27-3562416

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

VALLS, FELIPE A JR 3663 SW 8TH STREET PENTHOUSE MIAMI, FL 33135 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                     | FELIPE A VALLS JR                        |                 | 03/26/2018                     |
|-------------------------------|------------------------------------------|-----------------|--------------------------------|
|                               | Electronic Signature of Registered Agent |                 | Date                           |
| Authorized Person(s) Detail : |                                          |                 |                                |
| Title                         | MANAGER                                  | Title           | MANAGER                        |
| Name                          | VALLS, FELIPE AJR                        | Name            | VALLS, NICOLE                  |
| Address                       | 3663 SW 8TH STREET - PENTHOUSE           | Address         | 3663 SW 8TH STREET - PENTHOUSE |
| City-State-Zip:               | MIAMI FL 33135                           | City-State-Zip: | MIAMI FL 33135                 |
| Title                         | MANAGER                                  |                 |                                |
| Name                          | VALLS-EDWARDS, JEANNETTE                 |                 |                                |
| Address                       | 3663 SW 8TH STREET - PENTHOUSE           |                 |                                |
| City-State-Zip:               | MIAMI FL 33135                           |                 |                                |

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.

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

/26/20 Date