

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000131172

**Entity Name:** 231 ROYAL PALM WAY LLC

**Current Principal Place of Business:**

2665 S BAYSHORE DRIVE  
410  
MIAMI , FL 33133

**Current Mailing Address:**

2665 S BAYSHORE DRIVE  
410  
MIAMI , FL 33133 US

**FEI Number:** 27-4363690

**Certificate of Status Desired:** No

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

ROLLNICK, NEIL SESQ.  
2525 PONCE DE LEON BLVD.  
SUITE 410  
CORAL GABLES, FL 33134 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  
Name PINTO HERNANDEZ, RAUL A  
Address 2665 S BAYSHORE DRIVE  
410  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name QUINTERO FOYO, LETICIA I  
Address 9245 SOUTHERN BREEZE DR  
City-State-Zip: ORLANDO FL 32836

Title MGR  
Name PINTO QUINTERO, AXEL  
Address 2665 S BAYSHORE DRIVE  
420  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name PINTO QUINTERO, DAVID  
Address 2665 S BAYSHORE DRIVE  
420  
City-State-Zip: MIAMI FL 33133

*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:** LETICIA I QUINTERO FOYO

**MANAGER**

**01/31/2019**

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

\_\_\_\_\_  
Date