

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000180

**Entity Name:** BRICKMED, LLC

**Current Principal Place of Business:**

1800 SW 27 AVENUE  
SUITE 505  
MIAMI, FL 33145

**Current Mailing Address:**

1800 SW 27 AVENUE  
SUITE 505  
MIAMI, FL 33145 US

**FEI Number:** 65-0280009

**Certificate of Status Desired:** No

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

LEGORBURU, PETER P  
2476 SW 19TH TERRACE  
MIAMI, FL 33145 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	MGR
Name	LEGORBURU, PETER P	Name	MILLAS, ROLAND J
Address	2476 SW 19TH TERR	Address	11010 SW 163RD STREET
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33157

*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:** PETER P. LEGORBURU

**MEMBER MANAGER**

**02/07/2019**

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

\_\_\_\_\_  
Date