

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000125621

Entity Name: 602 STR HARBOUR, LLC**Current Principal Place of Business:**201 ALHAMBRA CIRCLE
501
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE
501
CORAL GABLES, FL 33134 US**FEI Number:** 45-3373574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARED, PABLO R ESQ.
201 ALHAMBRA CIRCLE
501
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 | MANAGER |
| Name | JUNQUERA FERNANDEZ, ANGEL |
| Address | 201 ALHAMBRA CIRCLE 501 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|------------------------------|
| Title | MANAGER |
| Name | JUNQUERA FERNANDEZ, MAURICIO |
| Address | 201 ALHAMBRA CIRCLE 501 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|----------------------------|
| Title | MGR |
| Name | JUNQUERA, TAMARA |
| Address | 201 ALHAMBRA CIRCLE 501 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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: TAMARA JUNQUERA

MANAGER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date