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: ANGEL JUNQUERA FERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

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:

I	Electronic Signature of Registered Agent
norized Per	son(s) Detail :

Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	JUNQUERA FERNANDEZ, ANGEL	Name	JUNQUERA FERNANDEZ, MAURICIO	
Address	201 ALHAMBRA CIRCLE 501	Address	201 ALHAMBRA CIRCLE 501	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

# 2021 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

01/20/2021 Date

Date

## FILED Jan 20, 2021 Secretary of State 5298340536CC

Certificate of Status Desired: No

MGR