that my name appears above, or on an attachment with all other like empowered.

	SIGNATURE: CORREA QUINTERO, PAULA CORREA	MGR	
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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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000016381 Entity Name: 6900 BAY DRIVE APT 4K LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

6900 BAY DRIVE 4K MIAMI BEACH, FL 33141

Current Mailing Address:

6900 BAY DRIVE 4K MIAMI BEACH, FL 33141 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CRESPO, MANUEL L ESQ 600 BRICKELL AVENUE 36TH STREET MIAMI, FL 33131 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	CORREA QUINTERO, PAULA ANDREA	Name	CORREA QUINTERO, MONICA FERNANDA			
Address	CALLE 134 10-A APT 401 EDIFICIO ROMANIA IV	Address	CALLE 134 10-A APT 401 EDFICIO ROMANIA IV			
City-State-Zip: BOGOTA	BOGOTA	City-State-Zip:	BOGOTA			

Certificate of Status Desired: Yes

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

03/09/2019 Date