

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000103816

**Entity Name:** ANLUFRIN 80, LLC

**Current Principal Place of Business:**

18001 COLLINS AVE  
UNIT 1810  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

255 ALHAMBRA CIRCLE, STE 1100  
CORAL GABLES, FL 33134 US

**FEI Number:** 61-1694023

**Certificate of Status Desired:** No

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

AGUERREBERE, JUAN CPA  
255 ALHAMBRA CIRCLE, STE 1100  
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:** JUAN AGUERREBERE

03/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                               |
|-----------------|------------------------------|-----------------|-------------------------------|
| Title           | MGRM                         | Title           | AMBR                          |
| Name            | GARGIULO, ANGEL ANTONIO      | Name            | GRANT DE GARGIULO, PATRICIA M |
| Address         | 18001 COLLINS AVE, UNIT 1810 | Address         | 18001 COLLINS AVE, UNIT 1810  |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160   | City-State-Zip: | SUNNY ISLES BEACH FL 33160    |

*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 ANTONIO GARGIULO

**MEMBER**

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date