

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000105171

**Entity Name:** BILTMORE 1019, LLC

**Current Principal Place of Business:**

3483 DOVECOTE MEADOW LN  
DAVIE, FL 33328

**Current Mailing Address:**

3483 DOVECOTE MEADOW LN  
DAVIE, FL 33328 US

**FEI Number:** 46-0791436

**Certificate of Status Desired:** No

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

MARIO O CAMPOS, PA  
782 NW 42 AVE  
SUITE 350  
MIAMI, FL 33126 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 MGRM  
Name VARGAS, SORAYA T  
Address 3483 DOVECOTE MEADOW LN  
City-State-Zip: DAVIE FL 33328

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SORAYA T. VARGAS

**PRESIDENT**

**04/27/2013**

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

\_\_\_\_\_  
Date