

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000117703

**Entity Name:** 1115-1119 SW 27TH AVE., LLC

**Current Principal Place of Business:**

7250 SW 39 TERR  
MIAMI, FL 33155

**Current Mailing Address:**

P.O. BOX 430827  
MIAMI, FL 33243

**FEI Number:** 46-2294415

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC.  
8950 SOUTHWEST 74TH COURT  
SUITE 1901  
MIAMI, FL 33156 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            | KLOTZ, MARIANN | Name            | KLOTZ, MICHAEL |
| Address         | PO BOX 430827  | Address         | PO BOX 430827  |
| City-State-Zip: | MIAMI FL 33243 | City-State-Zip: | MIAMI FL 33243 |

*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:** MARIANN KLOTZ

**MEMBER**

**03/24/2018**

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

\_\_\_\_\_  
Date