## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000001945

Entity Name: 6423 COLLINS AVE, LLC

**Current Principal Place of Business:** 

5790 SW 91 ST MIAMI, FL 33156

**Current Mailing Address:** 

5790 SW 91 ST MIAMI, FL 33156 US

FEI Number: 32-0423016 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHACON, ARCENO 5790 SW 91 ST 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

FILED Jan 28, 2019

**Secretary of State** 

3467483354CC

## Authorized Person(s) Detail:

Title MANAGER

Name CHACFOUR MANAGEMENT, LLC

Address 5790 SW 91 ST City-State-Zip: MIAMI FL 33156

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: ARCENIO CHACON

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/28/2019