

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097768

**Entity Name:** LAS JOTAS LLC

**Current Principal Place of Business:**

8300 NW 53 STREET  
SUITE 350-20  
DORAL, FL 33166

**Current Mailing Address:**

8300 NW 53 STREET  
SUITE 350-20  
DORAL, FL 33166 US

**FEI Number:** 46-4685599

**Certificate of Status Desired:** No

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

SUAREZ, JUAN A  
8300 NW 53 STREET  
SUITE 350-20  
DORAL, FL 33166 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           MANAGER  
Name           ADRIAN, JAVIER E  
Address       8300 NW 53 STREET  
                  SUITE 350-20  
City-State-Zip: DORAL FL 33166

Title           MANAGER  
Name           ADRIAN, JOSE A  
Address       8300 NW 53 STREET  
                  SUITE 350-20  
City-State-Zip: DORAL FL 33166

Title           MANAGER  
Name           ADRIAN, ALEJANDRO R  
Address       8300 NW 53 STREET  
                  SUITE 350-20  
City-State-Zip: DORAL FL 33166

Title           MANAGER  
Name           ADRIAN, JOANNA C  
Address       8300 NW 53 STREET  
                  SUITE 350-20  
City-State-Zip: DORAL FL 33166

*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:** JAVIER E ADRIAN

**MANAGER**

**03/24/2020**

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

\_\_\_\_\_  
Date