# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000161513

#### Entity Name: ALL CASH OFFER LLC

### **Current Principal Place of Business:**

19410 NW 5TH ST PEMBROKE PINES, FL 33029-3246

# **Current Mailing Address:**

18459 PINES BLVD, #530 PEMBROKE PINES, FL 33029-1400 US

### FEI Number: 46-4125493

# Name and Address of Current Registered Agent:

COHEN, DANIEL 19410 NW 5TH ST PEMBROKE PINES, FL 33029-3246 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

### Authorized Person(s) Detail :

Title	MGRM
Name	COHEN, SUSANA
Address	19410 NW 5TH ST
City-State-Zip:	PEMBROKE PINES FL 33029-3246

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SUSANA COHEN

MGRM

01/16/2018 Date

FILED Jan 16, 2018 Secretary of State CC1399750426

Certificate of Status Desired: Yes

Date