

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000172032

**Entity Name:** BOCK, LLC

**Current Principal Place of Business:**

6303 BLUE LAGOON DRIVE, SUITE 200  
MIAMI, FL 33126

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE, SUITE 200  
MIAMI, FL 33126 US

**FEI Number:** 35-2493812

**Certificate of Status Desired:** No

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

MARTINEZ, JORGE CPA  
6303 BLUE LAGOON DRIVE, SUITE 200  
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 AMBR  
Name BOCK, HARTMUT K  
Address 6303 BLUE LAGOON DRIVE, SUITE 200  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name MOSQUERA, MARIA S  
Address 6303 BLUE LAGOON DRIVE, SUITE 200  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name BOCK, DEMIAN  
Address 6303 BLUE LAGOON DRIVE, SUITE 200  
City-State-Zip: MIAMI FL 33126

Title AMBR  
Name BOCK, MICHAEL  
Address 6303 BLUE LAGOON DRIVE, SUITE 200  
City-State-Zip: MIAMI FL 33126

*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:** HARTMUT BOCK

**PRES**

**03/04/2019**

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

\_\_\_\_\_  
Date