

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000096168

**Entity Name:** 2485 DUPLEX, LLC

**Current Principal Place of Business:**

3401 NORTH MIAMI AVENUE  
SUITE 209  
MIAMI, FL 33127

**Current Mailing Address:**

PO BOX 450917  
MIAMI, FL 33245 US

**FEI Number:** 47-2092477

**Certificate of Status Desired:** No

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

GONZALEZ, FRANK  
3401 NORTH MIAMI AVENUE  
SUITE 209  
MIAMI, FL 33127 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	GONZALEZ, FRANK	Name	GONZALEZ, AMELIA M
Address	PO BOX 450917	Address	PO BOX 450917
City-State-Zip:	MIAMI FL 33245	City-State-Zip:	MIAMI FL 33245

*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:** FRANK GONZALEZ

MGR

01/10/2018

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

\_\_\_\_\_  
Date