

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000124994

**Entity Name:** 135 HOMESTEAD LLC

**Current Principal Place of Business:**

7880 N UNIVERSITY DRIVE  
200  
TAMARAC, FL 33321

**Current Mailing Address:**

PO BOX 770494  
MIAMI, FL 33177 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LANE, PAUL J ESQ.  
7880 N UNIVERSITY DRIVE  
SUITE 200  
TAMARAC, FL 33321 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:** PAUL J LANE, ESQ

04/25/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: ALONSO, LUISA L  
Address: 7880 N UNIVERSITY DRIVE  
SUITE 200  
City-State-Zip: TAMARAC FL 33321

Title: MGR  
Name: JOAQUIN , LOPEZ N  
Address: 7880 N UNIVERSITY DRIVE  
SUITE 200  
City-State-Zip: TAMARAC FL 33321

Title: AUTHORIZED MEMBER, MANAGER  
Name: LOPEZ, CONCEPCION  
Address: PO BOX 770494  
City-State-Zip: MIAMI FL 33177

Title: MANAGER  
Name: BIG FAMILY INVESTMENT LLC  
Address: PO BOX 770494  
City-State-Zip: MIAMI FL 33177

Title: MANAGER  
Name: LOPEZ, JOSE  
Address: PO BOX 770494  
City-State-Zip: MIAMI FL 33177

*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:** CONCEPCION LOPEZ

MEMBER

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date