# 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: PAOLA MORI

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

05/01/2018

# DOCUMENT# L14000148230

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LT WELLS HOLLYWOOD LLC

# Current Principal Place of Business:

150 SE 2ND AVE SUITE 209 MIAMI , FL 33131

## **Current Mailing Address:**

150 SE 2ND AVE SUITE 209 MIAMI , FL 33131 US

#### FEI Number: 47-1858116

### Name and Address of Current Registered Agent:

MORI, PAOLA 150 SE 2ND AVE SUITE 209 MIAMI , FL 33131 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	PAOLA MORI			05/01/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	OLVERA SILVA, RAFAEL	Name	MORI , PAOLA	
Address	3519 PAESANOS PARKWAY, SUITE 100	Address	150 SE 2ND AVE SUITE 209	
City-State-Zip:	SAN ANTONIO TX 78231	City-State-Zip:	MIAMI FL 33131	

### Certificate of Status Desired: No

Date

FILED May 01, 2018 Secretary of State CC6490197192

ectionic Signature of Signing Authorized Person(s) Detail