

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159185

**Entity Name:** FIRST CLASS LUX ESTATES LLC**Current Principal Place of Business:**300 S BISCAYNE BLVD  
3702  
MIAMI, FL 33131**Current Mailing Address:**300 S BISCAYNE BLVD  
3702  
MIAMI, FL 33131 US**FEI Number:** 47-2156775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NILBRINK, JOHN  
300 S BISCAYNE BLVD  
3702  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	OWNER
Name	COADA, CRISTIAN
Address	300 S BISCAYNE BLVD 3702
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	COADA, CRISTIAN
Address	300 S BISCAYNE BLVD 3702
City-State-Zip:	MIAMI FL 33131

Title	AMBR
Name	NILBRINK, JOHN
Address	300 S BISCAYNE BLVD 3702
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	NILBRINK, JOHN
Address	300 S BISCAYNE BLVD 3702
City-State-Zip:	MIAMI FL 33131

*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:** JOHN NILBRINK

MGR

06/03/2020

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