

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000183263

**Entity Name:** 1000-1030 NW 7 ST, LLC

**Current Principal Place of Business:**

3211 PONCE DE LEON BLVD.  
STE 301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3211 PONCE DE LEON BLVD.  
STE 301  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-2452621

**Certificate of Status Desired:** No

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

ZOVLUCK, LYNN  
8730 NW 36 AVE  
MIAMI, FL 33147 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  
Name MILTON, JOSEPH  
Address 3211 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name MILTON, CECIL  
Address 3211 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name MILTON, FRANK  
Address 3211 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BARKER, REX  
Address 3211 PONCE DE LEON BLVD.  
STE 301  
City-State-Zip: CORAL GABLES FL 33134

*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:** REX BARKER

MGR

03/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date