that my name appears above, or on an attachment with all other like empowered. MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000183768

Entity Name: BISCAYNE BEACH 4902, LLC

Current Principal Place of Business:

175 SW 7 STREET 2307 MIAMI, FL 33130

Current Mailing Address:

175 SW 7 STREET 2307 MIAMI, FL 33130 US

FEI Number: 32-0456088

Name and Address of Current Registered Agent:

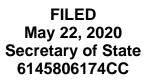
PONCE, FABIAN 175 SW 7 STREET 2307 MIAMI, FL 33130 US

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	FABIAN PONCE			05/22/2020
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGR	Title	MANAGER	
Name	PONCE, FABIAN	Name	PONCE, RENE	
Address	15201 LAUREL LANE NORTH	Address	175 SW 7 STREET	
City-State-Zip:	PEMBROKE PINES FL 33027		2307	
		City-State-Zip:	MIAMI FL 33130	
Title	MANAGER			
Name	PONCE, RENE			
Address	175 SW 7 STREET 2307			
City-State-Zip:	MIAMI FL 33130			

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

SIGNATURE: RENE PONCE



Certificate of Status Desired: No

05/22/2020 Date