

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000185104

Entity Name: KROME CORNERS, LLC**Current Principal Place of Business:**5050 NORTH KENDALL DRIVE
CORAL GABLES, FL 33156**Current Mailing Address:**5050 NORTH KENDALL DRIVE
CORAL GABLES, FL 33156**FEI Number:** 47-2473109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLLBERG, ROBERT
5050 N KENDALL DR
CORAL GABLES, FL 33156 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:** ROBERT WOLLBERG

05/11/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WOLLBERG, ROBERT
Address 5050 N KENDALL DR
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER
Name ORTEGA, JOSE A IV
Address 5050 NORTH KENDALL DRIVE
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER
Name CLARK, PATRICIA E
Address 5050 NORTH KENDALL DRIVE
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER
Name WOLLBERG, ROBERT J
Address 5050 NORTH KENDALL DRIVE
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER
Name SCHWARZBERG, ANA MARI
Address 5050 NORTH KENDALL DRIVE
City-State-Zip: CORAL GABLES FL 33156

Title AUTHORIZED MEMBER
Name ORTEGA, NATALIA L
Address 5050 NORTH KENDALL DRIVE
City-State-Zip: CORAL GABLES FL 33156

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: ROBERT E WOLLBERG

MANAGER

05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date