

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190856

**Entity Name:** 753 MAJORCA LLC

**Current Principal Place of Business:**

5800 SW 84 ST.  
MIAMI, FL 33143

**Current Mailing Address:**

5800 SW 84 ST.  
MIAMI, FL 33143

**FEI Number:** 47-2548018

**Certificate of Status Desired:** No

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

RESTREPO, MONICA  
5800 SW 84 ST  
MIAMI, FL 33143 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	Title	MANAGER
Name	RESTREPO, MONICA	Name	VAZQUEZ, SILVIO
Address	5800 SW 84 ST	Address	5800 SW 84 STREET
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143

Title AUTHORIZED REPRESENTATIVE  
Name CAJIGAS, RICARDO  
Address 8030 LOS PINOS CIRCLE  
City-State-Zip: CORAL GABLES FL 33143

*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:** MONICA RESTREPO

MGR

03/09/2017

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

\_\_\_\_\_  
Date