

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000002812

Entity Name: SOMIEDO PROPERTY, LLC**Current Principal Place of Business:**445 GRAND BAY DRIVE
APT. 311
KEY BISCAYNE, FL 33149**Current Mailing Address:**445 GRAND BAY DRIVE
APT. 311
KEY BISCAYNE, FL 33149 US**FEI Number:** 47-3113573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARDO, FRANCISCO
445 GRAND BAY DRIVE
APT. 311
KEY BISCAYNE, FL 33149 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:** FRANCISCO PARDO

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-------------------------------|
| Title | MGR |
| Name | PARDO ALVAREZ, FRANCISCO |
| Address | 445 GRAND BAY DRIVE, APT. 311 |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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|-----------------|-------------------------------|
| Title | MGR |
| Name | DIAZ ALVAREZ, MARIA A |
| Address | 445 GRAND BAY DRIVE, APT. 311 |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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|-----------------|-------------------------------|
| Title | MGR |
| Name | PARDO, JAVIER |
| Address | 445 GRAND BAY DRIVE, APT. 311 |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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|-----------------|-------------------------------|
| Title | MGR |
| Name | PARDO, IGNACIO |
| Address | 445 GRAND BAY DRIVE, APT. 311 |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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: FRANCISCO PARDO ALVAREZ**MANAGER**

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date