

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000049215

**Entity Name:** ALLEGRA BAYVIEW PLAZA LLC

**Current Principal Place of Business:**

1111BRICKELL AVE  
2175  
MIAMI, FL 33131

**Current Mailing Address:**

1111 BRICKELL AVE  
2175  
MIAMI, FL 33131 US

**FEI Number:** 47-3655749

**Certificate of Status Desired:** No

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

PINA , OLGA M. ESQ.  
4301 W. BOY SCOUT BLVD.  
SUITE 300  
TAMPA , FL 33607 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:** OLGA M. PINA, ESQ.

04/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | MBR                       | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | ALLEGRA TRIBECA INC.      | Name            | BARON RIVERO , JAIME      |
| Address         | 1111 BRICKELL AVE<br>2175 | Address         | 1111 BRICKELL AVE<br>2175 |
| City-State-Zip: | MIAMI FL 33131            | City-State-Zip: | MIAMI FL 33131            |

*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:** ALLEGRA TRIBECA INC

MBR

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date