

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000101234

**Entity Name:** 136 SW PEACOCK BLVD UNIT 19-105, LLC

**Current Principal Place of Business:**

1819 SW 123 CT  
MIAMI, FL 33175

**Current Mailing Address:**

1819 SW 123 CT  
MIAMI, FL 33175 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GONZALEZ, MAICKEL  
1819 SW 123 CT  
MIAMI, FL 33175 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	AMBR
Name	GONZALEZ, MAICKEL	Name	GONZALEZ, GRETTEL
Address	1819 SW 123 CT	Address	1819 SW 123 CT
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

*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: MAICKEL GONZALEZ**

**MANAGER**

**01/09/2017**

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

\_\_\_\_\_  
Date