## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000106341

Entity Name: SQUARE LDI, L.L.C.

tity Name: Ogo/tite Ebi, E.E.O.

**Current Principal Place of Business:** 

999 PONCE DE LEON BOULEVARD

SUITE 925

CORAL GABLES, FL 33134

**Current Mailing Address:** 

999 PONCE DE LEON BOULEVARD SUITE 925 CORAL GABLES, FL 33134 US

FEI Number: 81-3013786 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES & ADAMS P.A. 999 PONCE DE LEON BOULEVARD SUITE 925 CORAL GABLES, FL 33134 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: W. STEVEN ADAMS 07/10/2019

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MANAGER

Name LE DEC MANAGEMENT LIMITED

Address C/O JONES & ADAMS P.A.

999 PONCE DE LEON BOULEVARD

SUITE 925

City-State-Zip: CORAL GABLES FL 33134

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: W. STEVEN ADAMS

Electronic Signature of Signing Authorized Person(s) Detail

ATTORNEY

07/10/2019

FILED Jul 10, 2019

**Secretary of State** 

3680167646CC

Date