## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000157021

Entity Name: 8245 LAKE DR 203, LLC

### **Current Principal Place of Business:**

4840 SW 89 PL MIAMI, FL 33165

## **Current Mailing Address:**

4840 SW 89 PL MIAMI, FL 33165

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

TROCHE, YASMELL A 4840 SW 89 PL MIAMI, FL 33165 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

## Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	TROCHE, YASMELL A	Name	LEON, TERESITA C
Address	4840 SW 89 PL	Address	4840 SW 89 PL
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: YASMELL TROCHE

AMBR

02/05/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 05, 2019 Secretary of State 5351577641CC

Certificate of Status Desired: No

Date