

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000170782

**Entity Name:** 10555 NW 69 TERRACE L.L.C.

**Current Principal Place of Business:**

10555 NW 69 TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

10555 NW 69 TERRACE  
DORAL, FL 33178

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALFONZO, YRENE  
10555 NW 69 TERRACE  
DORAL, FL 33178 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:** YRENE ALFONZO

01/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALFONZO, YRENE  
Address 10555 NW 69 TERRACE  
City-State-Zip: DORAL FL 33178

*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:** YRENE ALFONZO

MGR

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date