

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000177859

**Entity Name:** 17201 BISCAYNE BOULEVARD UNIT 1503 LLC

**Current Principal Place of Business:**

17201 BISCAYNE BOULEVARD  
UNIT 1503  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

17201 BISCAYNE BOULEVARD  
UNIT 1503  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 47-5356496

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 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 MRS  
Name NEME, ROSA MARIA  
Address 17201 BISCAYNE BOULEVARD  
APT 1503  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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:** ROSA NEME

**MANAGER**

**07/29/2020**

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

\_\_\_\_\_  
Date