

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000191673

**Entity Name:** BARON & CASTRO ABOGADOS LLC

**Current Principal Place of Business:**

5040 NW 7TH ST  
SUITE 690  
MIAMI, FL 33126

**Current Mailing Address:**

5040 NW 7TH ST  
SUITE 690  
MIAMI, FL 33126 US

**FEI Number:** 81-0707185

**Certificate of Status Desired:** No

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

CORPORACIONES USA INC  
5040 NW 7TH ST  
SUITE 690  
MIAMI, FL 33126 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           | MGR                         |
| Name            | BARON, LINA P               | Name            | CASTRO, LUIS C              |
| Address         | 5040 NW 7TH ST<br>SUITE 690 | Address         | 5040 NW 7TH ST<br>SUITE 690 |
| City-State-Zip: | MIAMI FL 33126              | City-State-Zip: | MIAMI FL 33126              |

*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:** LINA P BARON

MGR

03/31/2019

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

\_\_\_\_\_  
Date