

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000191968

**Entity Name:** 900 DALE LLC

**Current Principal Place of Business:**

814 PONCE DE LEON BLVD  
#201  
CORAL GABLES, FL 33134

**Current Mailing Address:**

814 PONCE DE LEON BLVD  
#201  
CORAL GABLES, FL 33134 US

**FEI Number:** 30-0888600

**Certificate of Status Desired:** No

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

GOMEZ, JOSEPH R ESQ  
201 ALHAMBRA CIRCLE  
#1205  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            ALOS, ANDRES F  
Address        814 PONCE DE LEON BLVD  
                  #201  
City-State-Zip: CORAL GABLES FL 33134

Title            MGR  
Name            MACU MANAGEMENT, LLC  
Address        814 PONCE DE LEON BLVD  
                  #201  
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:** ANDRES F. ALOS

**MEMBER**

**01/09/2019**

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

\_\_\_\_\_  
Date