

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000195017

**Entity Name:** 110 SW 27 AVENUE LLC**Current Principal Place of Business:**C/O MAX A. LOPEZ, ESQ.  
150 ALHAMBRA CIRCLE, STE 710  
CORAL GABLES, FL 33134**Current Mailing Address:**C/O MAX A. LOPEZ, ESQ.  
150 ALHAMBRA CIRCLE, STE 710  
CORAL GABLES, FL 33134 US**FEI Number:** 81-4167827**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPEZ, MAX ANDRES ESQ.  
150 ALHAMBRA CIRCLE  
710  
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:** MAX A. LOPEZ

06/08/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR
Name	LOPEZ, MAXIMINO O
Address	C/O MAX A. LOPEZ, ESQ. 150 ALHAMBRA CIRCLE, STE 710
City-State-Zip:	CORAL GABLES FL 33134

Title	MBR
Name	LOPEZ, SUSAN E
Address	C/O MAX A. LOPEZ, ESQ. 150 ALHAMBRA CIRCLE, STE 710
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	LOPEZ, CRISTOBAL M
Address	C/O MAX A. LOPEZ, ESQ. 150 ALHAMBRA CIRCLE, STE 710
City-State-Zip:	CORAL GABLES FL 33134

Title	AMBR
Name	LOPEZ, MAX ANDRES
Address	C/O MAX A. LOPEZ, ESQ. 150 ALHAMBRA CIRCLE, STE 710
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:** MAXIMINO O LOPEZ

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date