

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000006431

**Entity Name:** 619 NE 88 ST., LLC

**Current Principal Place of Business:**

20815 NE 16 AVE.  
SUITE B17  
MIAMI, 33179

**Current Mailing Address:**

PO BOX 800619  
AVENTURA, FL 33180 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

DEGAETA, RONALD  
20815 NE 16TH AVE.  
SUITE B17  
MIAMI, FL 33179 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  
Name BROMBERG, CLARA  
Address 20815 NE 16 AVE.  
SUITE B17  
City-State-Zip: MIAMI 33179

*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: BROMBERG, CLARA**

**MGR**

**04/15/2021**

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

\_\_\_\_\_  
Date