

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000010583

**Entity Name:** 1719 SW LLC

**Current Principal Place of Business:**

1719 SW 9 STREET  
MIAMI, FL 33135

**Current Mailing Address:**

1719 SW 9 STREET  
MIAMI, FL 33135 US

**FEI Number:** 81-1226543

**Certificate of Status Desired:** No

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

PUIG, OMAR  
1719 SW 9 STREET  
MIAMI, FL 33135 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:** OMAR PUIG

02/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           PUIG , OMAR  
Address        1719 SW 9 STREET  
City-State-Zip: MIAMI FL 33135

*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:** OMAR PUIG

MANAGER

02/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date