#### 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: RAFAEL GOSALBEZ

Electronic Signature of Signing Authorized Person(s) Detail

MGR	Title	AR		
GOSALBEZ, RAFAEL	Name	GOSALBEZ, MARIA DEL MAR		
755 BLUE RD	Address	755 BLUE RD		
CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146		
	MGR GOSALBEZ, RAFAEL 755 BLUE RD	MGRTitleGOSALBEZ, RAFAELName755 BLUE RDAddress		

### Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	AR
Name	GOSALBEZ, RAFAEL	Name	GOSALBEZ, MARIA DEL MAR
Address	755 BLUE RD	Address	755 BLUE RD

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.

# **Current Mailing Address:**

755 BLUE RD CORAL GABLES, FL 33146

DOCUMENT# L16000039033

#### FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

Entity Name: 1690 S. BAYSHORE LANE 4B LLC

**Current Principal Place of Business:** 

ANGULO, ANA M 5975 SUNSET DRIVE

MIAMI, FL 33143 US

SIGNATURE:

503

1690 S.BAYSHORE LANE 4B MIAMI, FL 33133

## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### FILED Feb 27, 2018 Secretary of State CC8047113115

Certificate of Status Desired: No

02/27/2018

Date

MR