

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000042992

Entity Name: 3410 PALM, LLC**Current Principal Place of Business:**3410 PALM AVENUE
HIALEAH, FL 33010**Current Mailing Address:**3410 PALM AVENUE
HIALEAH, FL 33010**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANCHEZ, MERCEDES G
3410 PALM AVENUE
HIALEAH, FL 33010 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 | SANCHEZ, MERCEDES G |
| Address | 3410 PALM AVENUE |
| City-State-Zip: | HIALEAH FL 33010 |

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| Title | AMBR |
| Name | SANCHEZ, MICHAEL |
| Address | 3410 PALM AVENUE |
| City-State-Zip: | HIALEAH FL 33010 |

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|-----------------|----------------------|
| Title | AMBR |
| Name | SANCHEZ, CHRISTOPHER |
| Address | 3410 PALM AVENUE |
| City-State-Zip: | HIALEAH FL 33010 |

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|-----------------|--------------------------|
| Title | AMBR |
| Name | SANCHEZ, CARLOS E |
| Address | 3410 PALM AVE HIALEAH |
| City-State-Zip: | FLORIDA FL 33010 |

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: MERCEDES SANCHEZ**PRESIDENT****03/06/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date