

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000066883

Entity Name: 20248 LLC

Current Principal Place of Business:

500 NE 190 ST
MIAMI, FL 33179

Current Mailing Address:

PO BOX 630716
MIAMI, FL 33163 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EUSTAQUIO, YOLANDA MD
500 NE 190 ST
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 EUSTAQUIO, YOLANDA MD
Address PO BOX 630716
City-State-Zip: MIAMI FL 33163

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: YOLANDA EUSTAQUIO MD.

MGR

10/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date