## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000091694

Entity Name: 101 HOLLYWOOD LLC

**Current Principal Place of Business:** 

3625 NW 82 AVE SUITE: 305 DORAL, FL 33166 FILED
Apr 17, 2018
Secretary of State
CC7791486291

## **Current Mailing Address:**

PO BOX 527706 MIAMI, FL 33152 US

FEI Number: 81-2618470 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PRESTIGE MANAGEMENT, LLC 3625 NW 82 AVE SUITE: 305

DORAL, FL 33166 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:

TitleMANAGER, UNITS 1 & 4TitleMANAGER, UNIT 2NameSALAZAR, JACKENameBARROETA, REINALDO

Address 3625 NW 82 AVE Address 3625 NW 82 AVE SUITE: 305 SUITE: 305

IE. 305 SUITE. 30

City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

 Title
 MANAGER, UNITS 3 & 5
 Title
 MANAGER, UNIT 6

 Name
 BENZAQUEN, GUILA
 Name
 ROSALES, LUIS

 Address
 3625 NW 82 AVE
 Address
 3625 NW 82 AVE

SUITE: 305 SUITE: 305

City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

Title MANAGER, UNIT 7 Title MANAGER, UNIT 8

Name CEREJEIRA LLC Name VALE STRATEGIC GROUP, LLC

Address 3625 NW 82 AVE Address 3625 NW 82 AVE

SUITE: 305 SUITE: 305

Title MANAGER, UNITS 9 & 10

DORAL FL 33166

Name D'ALTO, MAURO Address 3625 NW 82 AVE

City-State-Zip:

SUITE: 305

City-State-Zip: DORAL FL 33166

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.

City-State-Zip:

SIGNATURE: LEOPOLDO RONPEDRIQUE

Electronic Signature of Signing Authorized Person(s) Detail

**DIRECTOR** 

DORAL FL 33166

04/17/2018