

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000102315

**Entity Name:** DORAL 4200 HOLDINGS, LLC

**Current Principal Place of Business:**

2020 SALZEDO STREET, SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 SALZEDO STREET, SUITE 200  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-2764431

**Certificate of Status Desired:** No

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

EISENACHER, HAROLD  
2020 SALZEDO STREET, SUITE 200  
CORAL GABLES, FL 33134 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:** HAROLD EISENACHER

04/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            CARR, JAMES  
Address        2020 SALZEDO STREET, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            BURNHAM, ANDREW  
Address        2020 SALZEDO STREET, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title            VP, SECRETARY, ASST. TREASURER  
Name            MIYARES, ANDRES  
Address        2020 SALZEDO STREET, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title            VP, TREASURER, ASST. SECRETARY  
Name            EISENACHER, HAROLD  
Address        2020 SALZEDO STREET, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title            AUTHORIZED REPRESENTATIVE  
Name            OJEDA, RENE  
Address        2020 SALZEDO STREET, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

Title            AUTHORIZED REPRESENTATIVE  
Name            RODRIGUEZ, FABIO  
Address        2020 SALZEDO STREET, SUITE 200  
City-State-Zip: CORAL GABLES FL 33134

*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:** JAMES CARR

P

04/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date