

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000189580

**Entity Name:** CB-2 AKOYA CONDO PROPERTY, LLC

**Current Principal Place of Business:**

3365 NE 167 STREET  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3365 NE 167 STREET  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GUTIERREZ, JORGE A  
4649 PONCE DE LEON BLVD.  
301  
CORAL GABLES, FL 33146 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                        | Title           | AUTHORIZED MEMBER          |
| Name            | CHESSARI, ROBERTO          | Name            | CHESSARI, SARA             |
| Address         | 3365 NE 167 STREET         | Address         | 3365 NE 167 STREET         |
| City-State-Zip: | NORTH MIAMI BEACH FL 33160 | City-State-Zip: | NORTH MIAMI BEACH FL 33160 |

*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:** ROBERTO CHESSARI

**MANAGER**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date