

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000196003

Entity Name: 1607 PONCE DE LEON BLVD UNIT 205 LLC

Current Principal Place of Business:

1607 PONCE DE LEON BLVD., SUITE 205
CORAL GABLES, FL 33134

Current Mailing Address:

1607 PONCE DE LEON BLVD., SUITE 205
CORAL GABLES, FL 33134

FEI Number: 81-4365012

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLASSMAN, ISABEL R
9200 BAY HARBOR TERRACE, APT. 5C
BAY HARBOR ISLANDS, FL 33154 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 BRYCE COUNTRY CORPORATION
Address 1607 PONCE DE LEON BLVD., SUITE 205
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name TOSELLI, JUAN R
Address 1607 PONCE DE LEON BLVD., SUITE 205
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name SUAREZ, SILVIA S
Address 1607 PONCE DE LEON BLVD., SUITE 205
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name TOSELLI, JUAN C
Address 1607 PONCE DE LEON BLVD., SUITE 205
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: TOSELLI , JUAN R

MGR

04/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date