

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000007642

**Entity Name:** AMATRIX W3 CO-OP LLC

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.,  
SUITE 630  
MIAMI, FL 33137

**Current Mailing Address:**

14651 BISCAYNE BLVD.  
UNIT 327  
NORTH MIAMI BEACH, FL 33181 US

**FEI Number:** 82-0855282

**Certificate of Status Desired:** Yes

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

SYLVESTRE COLEMAN, PATRICIA  
4770 BISCAYNE BLVD.,  
SUITE 630  
MIAMI, FL 33137 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 SYLVESTRE COLEMAN, PATRICIA  
Address 4770 BISCAYNE BLVD., STE. 630  
City-State-Zip: MIAMI FL 33137

*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:** PATRICIA SYLVESTRE COLEMAN

**MANAGER**

**04/29/2019**

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

\_\_\_\_\_  
Date