# 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.

DIRECTOR

SIGNATURE: AUGUSTO MEDINA

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

MEDINA, AUGUSTO C 3929 HERON RIDGE LN WESTON, FL 33331 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

# Authorized Person(s) Detail :

AMBR	Title	AMRR
MEDINA, AUGUSTO C	Name	MEDINA, MARIA H
3929 HERON RIDGE LANE	Address	3929 HERON RIDGE LANE
WESTON FL 33331	City-State-Zip:	WESTON FL 33331
	MEDINA, AUGUSTO C 3929 HERON RIDGE LANE	MEDINA, AUGUSTO C Name 3929 HERON RIDGE LANE Address

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000022197

#### Entity Name: AUGUSTO MEDINA & ASSOCIATES LLC

## **Current Principal Place of Business:**

3929 HERON RIDGE LN WESTON, FL 33331

## **Current Mailing Address:**

3929 HERON RIDGE LN WESTON, FL 33331

## FEI Number: 82-0905897

Jan 03, 2020 Secretary of State 6556256026CC

Date

FILED

Certificate of Status Desired: No

01/03/2020 Date