

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000028255

**Entity Name:** DADE COUNTY ESCAPADES & SERVICE, LLC

**Current Principal Place of Business:**

40 MALAGA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

40 MALAGA AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GILSON, ALEXANDER  
40 MALAGA AVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GILSON, ALEXANDER  
Address 40 MALAGA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name GILSON, HAZEL  
Address 40 MALAGA AVE  
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:** ALEXANDER GILSON

MGR

02/09/2020

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

\_\_\_\_\_  
Date