

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000030825

**Entity Name:** ASTUR 11570 LLC

**Current Principal Place of Business:**

11570 SW 83RD TERRACE  
MIAMI, FL 33173

**Current Mailing Address:**

10661 N.KENDALL DRIVE  
SUITE 210  
MIAMI, FL 33176

**FEI Number:** 83-0530097

**Certificate of Status Desired:** No

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

LAW OFFICE OF GINA R. CHEVALLIER, P.A.  
2600 SOUTH DOUGLAS ROAD  
SUITE 507  
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 AMBR  
Name TORRE, JUAN C  
Address LA MACARENA 101, DEPTO 1103  
City-State-Zip: LAS CONDES, SANTIAGO CL 75500-00

Title AMBR  
Name TORRE VEGA, FRANCISCO L  
Address LA CASTELLANA SUR 170, DEPTO 1902  
City-State-Zip: LAS CONDES, SANTIAGO CL 75500-0

Title MBR  
Name TORRE VILLAR, FRANCISCO  
Address LA MACARENA 101, DEPTO 1101  
City-State-Zip: LAS CONDES, SANTIAGO CL 75500-0

Title MBR  
Name VILLAR, MARICARMEN  
Address LA CASTELLANA SUR 170, DEPTO1902  
City-State-Zip: LAS CONDES, SANTIAGO CL 75500-0

*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:** JUAN C. TORRE

AMBR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date