

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105884

**Entity Name:** 6685 SW 94 ST LLC

**Current Principal Place of Business:**

6685 SW 94 ST  
MIAMI, FL 33156

**Current Mailing Address:**

6685 SW 94 ST  
MIAMI, FL 33156 US

**FEI Number:** 82-1565536

**Certificate of Status Desired:** No

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

DEVOS, TAMARA  
6685 SW 94 ST  
MIAMI, FL 33156 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:** TAMARA DEVOS

04/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           DEVOS, TAMARA  
Address        6685 SW 94 ST  
City-State-Zip: MIAMI FL 33156

*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:** TAMARA DEVOS

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date