

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000123582

**Entity Name:** EDGEWATER UNIT 1212, LLC

**Current Principal Place of Business:**

90 EDGEWATER DRIVE  
UNIT 1212  
CORAL GABLES, FL 33133

**Current Mailing Address:**

90 EDGEWATER DRIVE  
UNIT 1212  
CORAL GABLES, FL 33133 US

**FEI Number:** 82-1883301

**Certificate of Status Desired:** Yes

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

RIOS, JORGE M  
90 EDGEWATER DRIVE  
UNIT 1212  
CORAL GABLES, FL 33133 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, OWNER  
Name RIOS, JORGE M  
Address 90 EDGEWATER DRIVE  
UNIT 1212  
City-State-Zip: CORAL GABLES FL 33133

Title AMBR  
Name RIOS, KRISTA  
Address 1251 SOUTH ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33146

Title MGR, OWNER  
Name QUIRCH, NATASCHA AURELIA  
Address 90 EDGEWATER DRIVE  
UNIT 1212  
City-State-Zip: CORAL GABLES FL 33133

*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:** JORGE RIOS

**OWNER, MANAGER**

**01/10/2018**

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

\_\_\_\_\_  
Date