

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000150770

Entity Name: B&B 1093 NE 79TH STREET, LLC**Current Principal Place of Business:**1451 OCEAN DRIVE
SUITE 205
MIAMI BEACH, FL 33139**Current Mailing Address:**1451 OCEAN DRIVE
SUITE 205
MIAMI BEACH, FL 33139**FEI Number:** 36-4873262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATTS-FITZGERALD, ABIGAIL C
2800 PONCE DE LEON BOULEVARD
SUITE 1400
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 PRESIDENT
Name BOUCHER, JAMES R
Address 1451 OCEAN DRIVE , SUITE 205
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name BOUCHER, MICHAEL
Address 1451 OCEAN DRIVE , SUITE 205
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name BOUCHER, STEVEN
Address 1451 OCEAN DRIVE , SUITE 205
City-State-Zip: MIAMI BEACH FL 33139

Title VP, SECRETARY, TREASURER
Name BOUCHER, PERRY
Address 1451 OCEAN DRIVE , SUITE 205
City-State-Zip: MIAMI BEACH FL 33139

Title CFO
Name CEDRATI, ADAM
Address 1451 OCEAN DRIVE , SUITE 205
City-State-Zip: MIAMI BEACH FL 33139

Title MANAGER
Name B&B MANAGEMENT HOLDINGS, INC.
Address 1451 OCEAN DRIVE
 SUITE 205
City-State-Zip: MIAMI BEACH FL 33139

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: ADAM CEDRATI

CFO

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date