

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000232323

**Entity Name:** CENTURY GABLES LIVING, LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD.  
SUITE 100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1805 PONCE DE LEON BLVD.  
SUITE 100  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

PEREIRA, JOSELINE  
1805 PONCE DE LEON BLVD.  
SUITE 100  
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            PINO, SERGIO  
Address        1805 PONCE DE LEON BLVD., SUITE  
                  100  
City-State-Zip: CORAL GABLES FL 33134

Title            MGR  
Name            PINO, SERGIO  
Address        1805 PONCE DE LEON BLVD., SUITE  
                  100  
City-State-Zip: CORAL GABLES FL 33134

Title            AMBR  
Name            PINO, TATIANA  
Address        1805 PONCE DE LEON BLVD., SUITE  
                  100  
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:** SERGIO PINO

**MGR**

**03/20/2019**

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

\_\_\_\_\_  
Date