

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000247081

**Entity Name:** LAS AVELINAS, LLC

**Current Principal Place of Business:**

3900 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3900 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GILSON, AMELIA L  
3900 PONCE DE LEON BLVD.  
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 MGR  
Name GILSON, AMELIA L  
Address 3900 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name GILSON, ALEXANDER  
Address 40 MALAGA AVE.  
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:** ALEXANDER GILSON

AMBR

01/22/2018

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

\_\_\_\_\_  
Date