

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000011769

Entity Name: 365 SOUTH HARBOR DEVELOPERS, LLC

**Current Principal Place of Business:**

50 W MASHTA DR STE 3A  
KEY BISCAVNE, FL 33149

**Current Mailing Address:**

50 W MASHTA DR STE 3A  
KEY BISCAVNE, FL 33149 US

FEI Number: 82-4177165

Certificate of Status Desired: No

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

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVE #200  
MIAMI, FL 33131 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: ALVARO CASTILLO

04/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | MGR                   | Title           | MGR                   |
| Name            | URRUELA, JUAN         | Name            | URRUELA, MARTIN       |
| Address         | 50 W MASHTA DR STE 3A | Address         | 50 W MASHTA DR STE 3A |
| City-State-Zip: | KEY BISCAVNE FL 33149 | City-State-Zip: | KEY BISCAVNE FL 33149 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | TORREBIARTE, ANDRES   |
| Address         | 50 W MASHTA DR STE 3A |
| City-State-Zip: | KEY BISCAVNE FL 33149 |

*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: MARTIN URRUELA

MGR

04/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date