## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000055287

**Entity Name: DICED MANAGEMENT LLC** 

**Current Principal Place of Business:** 

814 PONCE DE LEON BLVD. STE 210

CORAL GABLES. FL 33134

**Current Mailing Address:** 

814 PONCE DE LEON BLVD. STE 210 CORAL GABLES. FL 33134 US

FEI Number: 82-4997409 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAUER, DAVID 814 PONCE DE LEON BLVD. STE 210 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

**FILED** Apr 22, 2019

**Secretary of State** 

9749166309CC

Authorized Person(s) Detail:

Title MGR Title MGR

MILLAN, CESAR Name PEREZ, OTTO Name

814 PONCE DE LEON BLVD. STE 210 Address 814 PONCE DE LEON BLVD. STE 210 Address

City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip:

Title MGR

Name FERNANDEZ, ANGEL JR.

Address 814 PONCE DE LEON BLVD. STE 210

CORAL GABLES FL 33134 City-State-Zip:

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.

04/22/2019 SIGNATURE: OTTO PEREZ **MANAGER**