

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000080088

Entity Name: 999 SW 1 AVE UNIT 2214 LLC**Current Principal Place of Business:**C/O WERMUTH PANELL ORTIZ, PLLC
8750 NW 36 ST, SUITE 425
DORAL, FL 33178**Current Mailing Address:**C/O WERMUTH PANELL ORTIZ, PLLC
8750 NW 36 ST, SUITE 425
DORAL, FL 33178 US**FEI Number:** 30-1069639**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WERMUTH PANELL ORTIZ, PLLC
C/O ELI PANELL, ESQ., CPA, CFP(R), LL.M
8750 NW 36TH STREET, SUITE 425
DORAL, FL 33178 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:** ELIEZER PANELL ESQ. CPA, CFP(R), LL.M

04/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DE NEMER, SOUSAN
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178

Title MGR
Name NEMER, DAMIAN
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178

Title MGR
Name NEMER, DANIEL
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178

Title MGR
Name NEMER, AMAL
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178

Title MGR
Name TUPPER, CHRISTIAN
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178

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: AMAL NEMER

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date