

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000080097

Entity Name: 50 BISCAYNE BLVD UNIT 5008 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:** APPLIED FOR**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 36 ST, 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:**_____
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 33178Title MGR
Name NEMER, DAMIAN
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178Title MGR
Name NEMER, DANIEL
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178Title MGR
Name NEMER, AMAL
Address C/O WPO 8750 NW 36 ST, SUITE 425
City-State-Zip: DORAL FL 33178Title 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: DE NEMER , SOUSAN

MGR

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date