

**2019 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:** AMAL NEMER

MGR

04/30/2019

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