### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000093117

Entity Name: FCR304 LLC

## **Current Principal Place of Business:**

C/O JENNIFER A. MARQUES, P.A. 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134

## **Current Mailing Address:**

C/O JENNIFER A. MARQUES, P.A. 1313 PONCE DE LEON BLVD., STE. 301 CORAL GABLES, FL 33134 US

# FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

JENNIFER A. MARQUES, P.A. 1313 PONCE DE LEON BLVD. STE. 301 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

### Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	GRECCO, MARCOS A	Name	OLIVEIRA GRECCO, QUENIA M
Address	C/O 1313 PONCE DE LEON BLVD., STE. 301	Address	C/O 1313 PONCE DE LEON BLVD., STE. 301
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MGR		
Name	GRECCO, FABIO O		
Address	C/O 1313 PONCE DE LEON BLVD., STE. 301		
City-State-Zip:	CORAL GABLES FL 33134		

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: MARCOS A. GRECCO

MGR

05/26/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date