

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000096339

**Entity Name:** SCHIRL-ESTATE, LLC

**Current Principal Place of Business:**

3860 SW 8TH STREET  
SUITE 200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3860 SW 8TH STREET  
SUITE 200  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAFAEL FABIAN, P.A.  
3860 SW 8TH STREET  
SUITE 200  
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

**Authorized Person(s) Detail :**

Title AMBR  
Name SCHIRL, KIRA  
Address AUGUSTENSTRASSE 104 80798  
City-State-Zip: MUNCHEN GE 80798

Title AMBR  
Name SCHIRL, FELIX  
Address AUGUSTENSTRASSE 104 80798  
City-State-Zip: MUNCHEN GE 80798

*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:** FELIX SCHIRL

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date