

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000156174

Entity Name: 141 BLUE MOON TRIPLEX, LLC

Current Principal Place of Business:

6632 SW 64TH CT
MIAMI, FL 33143

Current Mailing Address:

6632 SW 64TH CT
MIAMI, FL 33143

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEIBER, MICHAEL
2557 US HWY 27 SOUTH
SEBRING, FL 33870 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 GROCHOLSKI, ADAM
Address 6632 SW 64TH CT
City-State-Zip: MIAMI FL 33143

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: ADAM GROCHOLSKI

MGR

03/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date