

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000162037

Entity Name: 1200 NW 29 ST LLC.**Current Principal Place of Business:**1200 NW 29TH ST
MIAMI, FL 33142**Current Mailing Address:**1200 NW 29TH ST
MIAMI, FL 33142 US**FEI Number:** 83-1139298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAHA, SANJOY
1200 NW 29TH ST
MIAMI, FL 33142 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	MGRM
Name	SAHA, SANJOY
Address	1200 NW 29TH ST
City-State-Zip:	MIAMI FL 33142

Title	MGRM
Name	IMAD, MD
Address	1200 NW 29TH ST
City-State-Zip:	MIAMI FL 33142

Title	MGRM
Name	DEBNATH, PINKU
Address	1200 NW 29TH ST
City-State-Zip:	MIAMI FL 33142

Title	MGRM
Name	AKTARUZZAMAN, MD
Address	1200 NW 29TH ST
City-State-Zip:	MIAMI FL 33142

Title	MGRM
Name	ISLAM, MD ARIFUL
Address	1200 NW 29TH ST
City-State-Zip:	MIAMI FL 33142

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: SAHA , SANJOY

MGRM

06/11/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date