

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000213990

**Entity Name:** STRUCTEQ LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BOULEVARD  
SUITE 1260  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2100 PONCE DE LEON BOULEVARD  
SUITE 1260  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-1883984

**Certificate of Status Desired:** No

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

HERNANDEZ, SAIDIN M ESQ  
333 SE 2ND AVENUE  
SUITE 3200  
MIAMI, FL 33131 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 ARTEAGA, FRANCISCO G  
Address 2100 PONCE DE LEON BOULEVARD  
SUITE 1260  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name OLASCOAGA, JORGE  
Address 2100 PONCE DE LEON BOULEVARD  
SUITE 1260  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name VILLA, JAVIER  
Address 2100 PONCE DE LEON BOULEVARD  
SUITE 1260  
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:** FRANCISCO ARTEAGA

MGR

03/18/2020

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

\_\_\_\_\_  
Date