

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000232017

**Entity Name:** UNITED PLATZ, LLC**Current Principal Place of Business:**10900 BOCA WOODS LN  
BOCA RATON, FL 33428**Current Mailing Address:**10900 BOCA WOODS LN  
BOCA RATON, FL 33428 US**FEI Number:** 83-2101634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JIRON & COMPANY, CPA, PA  
5200 SW 8TH STREET  
SUITE # 201B  
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	MANAGER-MEMBER
Name	CIMADEVILLA, MANUEL J
Address	10900 BOCA WOODS LN
City-State-Zip:	BOCA RATON FL 33428

Title	MANAGER-MEMBER
Name	AYALA, GLORIA P
Address	10900 BOCA WOODS LN
City-State-Zip:	BOCA RATON FL 33428

Title	MANAGER-MEMBER
Name	CIMADEVILLA, NICOLAS
Address	10900 BOCA WOODS LN
City-State-Zip:	BOCA RATON FL 33428

Title	MANAGER-MEMBER
Name	CIMADEVILLA, ANA M
Address	10900 BOCA WOODS LN
City-State-Zip:	BOCA RATON FL 33428

Title	MANAGER-MEMBER
Name	CIMADEVILLA, BIBIANA
Address	10900 BOCA WOODS LN
City-State-Zip:	BOCA RATON FL 33428

*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:** MANUEL JOSE CIMADEVILLA CAICEDO

MANAGER-MEMBER

04/25/2019

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