

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000244330

**Entity Name:** 87 PARTNERS, LLC.

**Current Principal Place of Business:**

4533 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4533 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**FEI Number:** 83-2319463

**Certificate of Status Desired:** No

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

BEHAR, ROBERT  
4533 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146 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 DP  
Name BEHAR, ROBERT  
Address 4008 PINTA COURT  
City-State-Zip: CORAL GABLES FL 33146

Title PS  
Name FONT, JAVIER  
Address 11100 SW 73 COURT  
City-State-Zip: PINECREST FL 33156

*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:** JAVIER FONT

PS

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date