

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000280535

**Entity Name:** 19 PLACE LLC

**Current Principal Place of Business:**

600 CRANDON BOULEVARD  
SUITE 20  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

PO BOX 14-3940  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-2749478

**Certificate of Status Desired:** No

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

UNITED STATES REGISTERED AGENTS, INC.  
9300 S. DADELAND BLVD  
STE 600  
MIAMI, FL 33156 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 BERISIARTU, ANGEL  
Address 9300 S. DADELAND BLVD STE 600  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name CASADO, JORGE  
Address PO BOX 14-3940  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name MONTEPALMA USA LTD  
Address PO BOX 14-3940  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name MAX USA HOLDINGS LLC  
Address PO BOX 14-3940  
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:** JORGE CASADO

**MEMBER**

**04/29/2019**

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

\_\_\_\_\_  
Date