## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000281434

Entity Name: PINAR 19, LLC

# **Current Principal Place of Business:**

1901 W FLAGLER ST SUITE 7 MIAMI, FL 33135

# **Current Mailing Address:**

1901 W FLAGLER ST SUITE 7 MIAMI, FL 33135 US

## FEI Number: 83-2988334

## Name and Address of Current Registered Agent:

GONZALEZ-ALVAREZ, NITZA 1901 W FLAGLER ST SUITE 7 MIAMI, FL 33135 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

#### Authorized Person(s) Detail :

| Title           | AMBR   | Title           | AMBR                            |
|-----------------|--|-----------------|---------------------------------|
| Name            | GONZALEZ, RAUL                                       | Name            | GONZALEZ, DANIEL                |
| Address         | 1901 W FLAGLER ST SUITE 7                            | Address         | 1901 W FLAGLER ST SUITE 7       |
| City-State-Zip: | MIAMI FL 33135                                       | City-State-Zip: | MIAMI FL 33135                  |
|                 |  |                 |                                 |
|                 |  |                 |                                 |
| Title           | AMBR   | Title           | AMBR                            |
| Title<br>Name   | AMBR<br>GONZALEZ-ALVAREZ, NITZA                      | Title<br>Name   | AMBR<br>GONZALEZ-WRIGHT, ESTHER |
|                 |  |                 |                                 |
| Name            | GONZALEZ-ALVAREZ, NITZA<br>1901 W FLAGLER ST SUITE 7 | Name            | GONZALEZ-WRIGHT, ESTHER         |

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.

AMBR

#### SIGNATURE: NITZA GONZALEZ-ALVAREZ

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date