

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000085564

**Entity Name:** JESUS RODRIGUEZ E HIJAS LLC**Current Principal Place of Business:**4468 DOGWOOD CIRCLE  
WESTON, FL 33331**Current Mailing Address:**4468 DOGWOOD CIRCLE  
WESTON, FL 33331 US**FEI Number:** 83-4246312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MED ACCOUNTING SERVICES LLC  
4468 DOGWOOD CIRCLE  
WESTON, FL 33331 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	P
Name	JESUS, RODRIGUEZ
Address	2960 NE 207 STREET APT #705
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	RODRIGUEZ, SONIA
Address	2960 NE 207 STREET APT #705
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	RODRIGUEZ, MARIA ROSA
Address	2960 NE 207 STREET APT #705
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	RODRIGUEZ, NUBIA P
Address	2960 NE 207 STREET APT #705
City-State-Zip:	AVENTURA FL 33180

Title	MGR
Name	RODRIGUEZ, YOHANA
Address	2960 NE 207 STREET APT #705
City-State-Zip:	AVENTURA FL 33180

Title	ACCT
Name	DIAZ, MARIA EUGENIA
Address	4468 DOGWOOD CIRCLE
City-State-Zip:	WESTO FL 33331

*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:** MARIA ROSA RODRIGUEZ**MEMBER MANAGER****06/26/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date