

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000174206

**Entity Name:** PROVINCIA KITES LLC

**Current Principal Place of Business:**

135 SAN LORENZO AVE., PH 840  
CORAL GABLES, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVE., PH 840  
CORAL GABLES, FL 33146 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

EXCELSIOR CORPORATE SERVICES LLC  
135 SAN LORENZO AVE., PH 840  
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 MGR  
Name JIMENEZ, THAYRON  
Address 135 SAN LORENZO AVE., PH 840  
City-State-Zip: CORAL GABLES FL 33146

Title AMBR  
Name JIMENEZ, THAYRON  
Address 135 SAN LORENZO AVE., PH 840  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name LUSTGARTEN, MARTIN  
Address 135 SAN LORENZO AVE., PH 840  
City-State-Zip: CORAL GABLES FL 33146

Title AMBR  
Name ANDAN LTD., LLC  
Address 135 SAN LORENZO AVE., PH 840  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARTIN LUSTGARTEN

MGR

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date