

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000218354

Entity Name: 11398 QUAIL ROOST LLC**Current Principal Place of Business:**5050 N KENDALL DR
CORAL GABLES, FL 33156**Current Mailing Address:**5050 N KENDALL DR
CORAL GABLES, FL 33156 US**FEI Number:** 84-3303817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLLBERG, ROBERT E
5050 N KENDALL DR
CORAL GABLES, 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:** ROBERT E WOLLBERG

05/11/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	WOLLBERG, ROBERT E
Address	5050 N KENDALL DR
City-State-Zip:	CORAL GABLES FL 33156

Title	AUTHORIZED MEMBER
Name	CLARK , PATRICIA E
Address	5050 N KENDALL DR
City-State-Zip:	CORAL GABLES FL 33156

Title	AUTHORIZED MEMBER
Name	WOLLBERG, ROBERT J
Address	5050 N KENDALL DR
City-State-Zip:	CORAL GABLES FL 33156

Title	AUTHORIZED MEMBER
Name	ORTEGA, JOSE A IV
Address	5050 N KENDALL DR
City-State-Zip:	CORAL GABLES FL 33156

Title	AUTHORIZED MEMBER
Name	SCHWARZBERG, ANA MARI
Address	5050 N KENDALL DR
City-State-Zip:	CORAL GABLES FL 33156

Title	AUTHORIZED MEMBER
Name	ORTEGA , NATALIA L
Address	5050 N KENDALL DR
City-State-Zip:	CORAL GABLES 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: ROBERT E WOLLBERG

MANAGER

05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date