

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000275730

**Entity Name:** 6980 NW 186 ST 3-527A LLC

**Current Principal Place of Business:**

8527 NW 108 AVE  
#8  
DORAL, FL 33178

**FILED**  
**Feb 03, 2020**  
**Secretary of State**  
**1081901808CC**

**Current Mailing Address:**

8527 NW 108 AVE  
#8  
DORAL, FL 33178 US

**FEI Number:** 84-4454011

**Certificate of Status Desired:** No

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

PIRAQUIVE, OSCAR  
8527 NW 108 AVE  
#8  
DORAL, FL 33178 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            AMBR  
Name            PIRAQUIVE PENA, OSCAR  
Address        8527 NW 108 AVE, #8  
City-State-Zip: DORAL FL 33178

Title            AMBR  
Name            URIBE, PATRICIA  
Address        8527 NW 108 AVE  
                  #8  
City-State-Zip: DORAL FL 33178

*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:** PIRAQUIVE PENA OSCAR

AMBR

02/03/2020

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

\_\_\_\_\_  
Date