

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000054345

**Entity Name:** KEYSTONE VILLAS 503, LLC

**Current Principal Place of Business:**

2701 PONCE DE LEON BLVD.  
300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2701 PONCE DE LEON BLVD  
300  
CORAL GABLES, FL 33134 US

**FEI Number:** 86-2060126

**Certificate of Status Desired:** No

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

JORGE S. KUPERMAN REVOCABLE TRUST  
2701 PONCE DE LEON BLVD  
300  
CORAL GABLES, FL 33134 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:** JORGE S KUPERMAN

04/05/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JORGE S KUPERMAN REVOCABLE TRUST  
Address 2701 PONCE DE LEON BLVD.  
300  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name JORGE S KUPERMAN REVOCABLE TRUST  
Address 2701 PONCE DE LEON BLVD.  
300  
City-State-Zip: CORAL GABLES FL 33134

Title MBR  
Name JORGE S KUPERMAN REVOCABLE TRUST  
Address 2701 PONCE DE LEON BLVD  
300  
City-State-Zip: CORAL GABLES FL 33134

*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:** JORGE S KUPERMAN

TRUSTEE

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date