

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000273940

**Entity Name:** 6350 PTD LLC**Current Principal Place of Business:**5242 PINE TREE DR  
MIAMI BEACH, FL 33140**Current Mailing Address:**1111 KANE CONCOURSE  
STE 410  
BAY HARBOR ISLANDS, FL 33154 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUERTO, RICHARD  
2950 SW 27TH AVE,  
SUITE 100  
MIAMI, FL 33133 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            | PIZZORNI, GABRIELLA              |
| Address         | 1111 KANE CONCOURSE, STE 410     |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154--204 |
| Title           | MGR                              |
| Name            | PAEZ, MILAGROS                   |
| Address         | 1111 KANE CONCOURSE, STE 410     |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154--204 |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | MGR                              |
| Name            | PIZZORNI, WILLIAM                |
| Address         | 1111 KANE CONCOURSE, STE 410     |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154--204 |
| Title           | MGR                              |
| Name            | PIZZORNI, ALEXANDER              |
| Address         | 1111 KANE CONCOURSE, STE 410     |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154--204 |

*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:** ALEXANDER PIZZORNI**MANAGER****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date