

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000425820

**Entity Name:** 19 ST 527 LLC

**Current Principal Place of Business:**

527 NW 19 ST  
HOMESTEAD, FL 33030

**Current Mailing Address:**

815 N. HOMESTEAD BLVD  
139  
HOMESTEAD, FL 33030 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HERNANDEZ, JOSE E  
815 N. HOMESTEAD BLVD  
139  
HOMESTEAD, FL 33030 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            HERNANDEZ, JOSE E  
Address        815 N. HOMESTEAD BLVD, 139  
City-State-Zip: HOMESTEAD FL 33030

*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:** JOSE ENRIQUE HERNANDEZ

AMBR

02/15/2024

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

\_\_\_\_\_ Date