

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000961

Entity Name: NAZARI ASSOCIATES, LLC**Current Principal Place of Business:**4651 SHERIDAN ST
SUITE 302
HOLLYWOOD, FL 33021**Current Mailing Address:**4651 SHERIDAN ST
SUITE 302
HOLLYWOOD, FL 33021 US**FEI Number:** 65-0856853**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SARAGOVIA, EFRAM
3500 N. 55TH AVENUE
HOLLYWOOD, FL 33021 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	MGMR
Name	FAMILIA DE SARAGOVIA, LLC
Address	3500 N 55 AVE.
City-State-Zip:	HOLLYWOOD FL 33021

Title	MBR
Name	ZARAGOVIA, ANGELO
Address	21055 NE 37TH AVE. APT. 3007
City-State-Zip:	AVENTURA FL 33180

Title	MBR
Name	ILANA PARTNERS, LTD
Address	2010 NE 210 ST.
City-State-Zip:	MIAMI FL 33179

Title	MBR
Name	VOLOSIN, STELLA MARTHA
Address	2450 KENSINGTON BLVD.
City-State-Zip:	DAVIE FL 33325

Title	AMBR
Name	ANDRES ZARAGOVIA, SEBASTIAN
Address	1000 RIVER REACH DR #119
City-State-Zip:	FT LAUDERDALE FL 33315

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: EFRAM SARAGOVIA**MANAGER****01/22/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date