

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001248

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC5478504841**

**Entity Name:** ADMCA SANCHEZ FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4890 SW 85 STREET  
MIAMI, FL 33143

**Current Mailing Address:**

4890 SW 85 STREET  
MIAMI, FL 33143

**FEI Number:** 20-5783792

**Certificate of Status Desired:** No

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

SANCHEZ, CHRISTINE  
4779 COLLINS AVE  
#2304  
MIAMI BEACH, FL 33140 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:** CHRISTINE SANCHEZ

01/12/2017

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #		Document #	
Name	SANCHEZ, ALVARO	Name	SANCHEZ, BLANCA
Address	4890 SW 85 STREET	Address	4890 SW 85 STREET
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALVARO SANCHEZ

**PARTNER**

01/12/2017

Electronic Signature of Signing General Partner Detail

Date