

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018235

Entity Name: GARDENS OFFICE COMPLEX LLC

Current Principal Place of Business:

1390 SOUTH DIXIE HIGHWAY SUITE 1200
CORAL GABLES, FL 33146

Current Mailing Address:

1390 SOUTH DIXIE HIGHWAY SUITE 1200
CORAL GABLES, FL 33146 US

FEI Number: 47-5151882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE. 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title DIRECTOR, PRESIDENT, MANAGER
Name GUERRA, ERIC A
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR, VP, SECRETARY, MANAGER
Name GUERRA, ARMANDO J
Address 1390 SOUTH DIXIE HIGHWAY SUITE 1200
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR, MANAGER
Name GUERRA, MARIA C
Address 1390 S DIXIE HWY, STE 1200
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER
Name GUERRA, CORINNE M
Address 1390 S DIXIE HWY, STE 1200
City-State-Zip: CORAL GABLES FL 33146

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: CORINNE M GUERRA

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02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date