

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031507

**Entity Name:** 801 MONTEREY, L.L.C.

**Current Principal Place of Business:**

801 MONTEREY ST.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 502  
CORAL GABLES, FL 33134

**FEI Number:** 47-0927595

**Certificate of Status Desired:** No

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

PEREZ-ABREU, JAVIER  
901 PONCE DE LEON BLVD.  
SUITE 502  
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 MGR  
Name DE GOYTISOLO, AGUSTIN G  
Address 8755 SCHOOL HOUSE ROAD  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name PEREZ-ABREU, DULCE  
Address 901 PONCE DE LEON BLVD #502  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PEREZ-ABREU, JAVIER  
Address 901 PONCE DE LEON BLVD #502  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name MARTIN-LAVIELLE, ANA  
Address 901 PONCE DE LEON BLVD #502  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name PUJALS, VICTOR  
Address 901 PONCE DE LEON BLVD #502  
City-State-Zip: CORAL GABLES FL 33134

*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:** JAVIER PEREZ-ABREU

**MEMBER**

**06/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date