

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018313

**Entity Name:** 2614/24 PONCE DE LEON, LLC

**Current Principal Place of Business:**

2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**FEI Number:** 20-2734163

**Certificate of Status Desired:** Yes

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

SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
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 NG, ALLAN  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name NG, BETTY W.K.  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NG, IVA  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NG, ABE  
Address 2614 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED REPRESENTATIVE  
Name HO SANG, STEVE  
Address 2614 PONCE DE LEON BLVD.  
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:** IVA NG

**MGRM**

**04/24/2020**

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

\_\_\_\_\_  
Date