

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010091

Entity Name: 1170, LLC**Current Principal Place of Business:**1170 KANE CONCOURSE
5TH FLOOR
BAY HARBOR ISLANDS, FL 33154**Current Mailing Address:**1170 KANE CONCOURSE
5TH FLOOR
BAY HARBOR ISLANDS, FL 33154**FEI Number:** 20-2967043**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEW, OLIVERIO
1170 KANE CONCOURSE, 5TH FLOOR
BAY HARBOR ISLANDS, FL 33154 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 MGRM
Name JOGADOBE, LLC
Address 1170 KANE CONCOURSE, 5TH FLOOR
City-State-Zip: BAY HARBOR ISLANDS FL 33154Title MGR
Name GILINSKI, JOSHUA
Address 1170 KANE CONCOURSE, 5TH FLOOR
City-State-Zip: BAY HARBOR ISLANDS FL 33154Title MANAGER
Name GILINSKI, BENJAMIN
Address 1170 KANE CONCOURSE
5TH FLOOR
City-State-Zip: BAY HARBOR ISLANDS FL 33154Title MGR
Name GILINSKI, JAIME
Address 1170 KANE CONCOURSE, 5TH FLOOR
City-State-Zip: BAY HARBOR ISLANDS FL 33154
Title MGR
Name GILINSKI, GABRIEL
Address 1170 KANE CONCOURSE, 5TH FLOOR
City-State-Zip: BAY HARBOR ISLANDS FL 33154

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: GABRIEL GILINSKI

MANAGER

01/16/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date