

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062209

**Entity Name:** GABLES VIEW ,LLC

**Current Principal Place of Business:**

8390 NW 25 ST  
DORAL, FL 33122

**Current Mailing Address:**

8390 NW 25 ST  
DORAL, FL 33122 US

**FEI Number:** 20-3052034

**Certificate of Status Desired:** No

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

VADILLO, PABLO PD  
8390 NW 25 ST  
DORAL, FL 33122 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 VADILLO, PABLO  
Address 8390 NW 25 ST  
City-State-Zip: DORAL FL 33122

*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:** PABLO VADILLO

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01/27/2021

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

\_\_\_\_\_  
Date