

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000004455

**Entity Name:** LINARES HOLDING, LLC

**Current Principal Place of Business:**

550 NIGHTINGALE AVENUE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

550 NIGHTINGALE AVENUE  
MIAMI SPRINGS, FL 33166

**FEI Number:** 20-4161524

**Certificate of Status Desired:** No

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

LINARES, ANGELITA  
550 NIGHTINGALE AVENUE  
MIAMI SPRINGS, FL 33166 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 LINARES, OMAR  
Address 550 NIGHTINGALE AVENUE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title SECR  
Name LINARES, ANGELITA  
Address 550 NIGHTINGALE AVENUE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title AUTHORIZED MEMBER  
Name LINARES, JOEL O  
Address 550 NIGHTINGALE AVENUE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title AUTHORIZED MEMBER  
Name LINARES, SAMANTHA  
Address 550 NIGHTINGALE AVENUE  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** ANGELITA LINARES

**SECRETARY**

**03/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date