

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106772

Entity Name: ANDREU, PALMA, LAVIN & SOLIS, PLLC**Current Principal Place of Business:**815 NW 57 AVENUE
SUITE 401
MIAMI, FL 33126**Current Mailing Address:**815 NW 57 AVENUE
SUITE 401
MIAMI, FL 33126 US**FEI Number:** 51-0463527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDREU, JUAN G ESQ.
815 NW 57 AVENUE
SUITE 401
MIAMI, FL 33126 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	ANDREU, JUAN G
Address	815 NW 57 AVENUE SUITE 401
City-State-Zip:	MIAMI FL 33126
Title	AMBR
Name	SOLIS, YULEXY ESQ
Address	815 NW 57 AVENUE SUITE 401
City-State-Zip:	MIAMI FL 33126

Title	MGRM
Name	PALMA, JORGE L
Address	815 NW 57 AVENUE SUITE 401
City-State-Zip:	MIAMI FL 33126
Title	AMBR
Name	LAVIN, DESIREE M ESQ
Address	815 NW 57 AVENUE SUITE 401
City-State-Zip:	MIAMI FL 33126

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: JUAN G ANDREU**MANAGING MEMBER****01/11/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date