

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000021609

**Entity Name:** ENCLAVE 305, LLC.

**Current Principal Place of Business:**

5057 NW 114 CT  
DORAL, FL 33178

**Current Mailing Address:**

5057 NW 114 CT  
DORAL, FL 33178 US

**FEI Number:** 46-2017392

**Certificate of Status Desired:** No

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

RIZZI, TOMAS  
5057 NW 114 CT  
DORAL, FL 33178 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 RIZZI, TOMAS  
Address 5057 NW 114 CT  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name NIETO, GLADYS ROSANA  
Address 5057 NW 114 CT  
City-State-Zip: DORAL FL 33178

*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:** TOMAS RIZZI

**MANAGER**

**03/23/2020**

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

\_\_\_\_\_  
Date