## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083604

Entity Name: AMAIZE DORAL PARK CENTER LLC

**Current Principal Place of Business:** 

3887 NW 107 AVENUE DORAL, FL 33178

**Current Mailing Address:** 

3887 NW 107TH AVE

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DORAL, FL 33178 US

FEI Number: 38-3913209 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTERO, ALEX 7821 SW 24TH ST # 135 MIAMI, FL 33155 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: ALEX MONTERO 01/30/2017

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

101

Title MGR Title MGR

Name GINESTRA, LUIS Name COHEN, KAREN ARMANDO

Address 3887 NW 107 AVENUE Address 3887 NW 107 AVENUE

101

101

3887 NW 107TH AVE

City-State-Zip: DORAL FL 33178

City-State-Zip: DORAL FL 33178

Title MGR

Name GARCIA, ANDRES Title MANAGER

Address 3887 NW 107 AVENUE Name STRULOVIC, ALBERTO

Address

City-State-Zip: DORAL FL 33178

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: KAREN ARMANDO COHEN

MANAGER

01/30/2017

FILED Jan 30, 2017

**Secretary of State** 

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