## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000114214

**Entity Name: SIQUIRE LLC** 

**FILED** Mar 17, 2017 **Secretary of State** CC9893603713

#### **Current Principal Place of Business:**

20225 NE 34CT #612

AVENTURA, FL 33180

# **Current Mailing Address:**

20225 NE 34CT #612 AVENTURA, FL 33180

FEI Number: 33-1229515 Certificate of Status Desired: Yes

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

CTC MANAGEMENT SERVICES LLC 220 ALHAMBRE CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 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 MOLINA, MARIA A

STA EDUVIGES 2DA AV CLL LAS Address

FLORES LAS CUA

City-State-Zip: CARACAS MI 1081

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.

03/17/2017 SIGNATURE: MOLINA, MARIA A **MGR**