

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000194732

**Entity Name:** 15890 NORTH MIAMI AVENUE, LLC

**Current Principal Place of Business:**

16548 SW 32ND ST  
MIRAMAR, FL 33027

**Current Mailing Address:**

PO BOX 170166  
HIALEAH, FL 33017 US

**FEI Number:** 47-3794979

**Certificate of Status Desired:** No

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

BOBO-DEGLACE, EVELYNE G  
16548 SW 32ND ST  
MIRAMAR, FL 33027 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                   | Title           | MANAGER            |
| Name            | BOBO DEGLACE, EVELYNE | Name            | FLEURIOT, GENNIFER |
| Address         | 16548 SW 32ND ST      | Address         | 16548 SW 32ND ST   |
| City-State-Zip: | MIRAMAR FL 33027      | City-State-Zip: | MIRAMAR FL 33027   |

*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:** BOBO DEGLACE , EVELYNE

MGR

02/14/2021

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

\_\_\_\_\_ Date