## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000062173

Entity Name: DORAL NH LLC

**Current Principal Place of Business:** 

2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134

**SUITE 1050** 

**Current Mailing Address:** 

2121 PONCE DE LEON BLVD **SUITE 1050** CORAL GABLES, FL 33134 US

FEI Number: 47-3681594 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC 2121 PONCE DE LEON BLVD **SUITE 1050** 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

**FILED** Apr 02, 2019

**Secretary of State** 

0801313321CC

## Authorized Person(s) Detail:

Title **AMBR** 

HERRERA MARTINEZ, NESTOR Name 2121 PONCE DE LEON BLVD SUITE Address

1050

City-State-Zip: CORAL GABLES FL 33134

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: NESTOR HERRERA MARTINEZ

**AMBR** 

04/02/2019

Date