

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000066136

**Entity Name:** ANDRES BAQUES, PLLC

**Current Principal Place of Business:**

72 CARLISLE DRIVE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

P.O. BOX 520187  
MIAMI, FL 33152 US

**FEI Number:** 47-3771868

**Certificate of Status Desired:** No

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

BAQUES, ANDRES  
72 CARLISLE DRIVE  
MIAMI SPRINGS, FL 33166 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 BAQUES, ANDRES  
Address P.O. BOX 520187  
City-State-Zip: MIAMI FL 33152

*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:** ANDRES BAQUES

**MANAGER**

**04/25/2017**

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

\_\_\_\_\_  
Date