## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000099464

Entity Name: AVENTURAPLACE 110, LLC

**Current Principal Place of Business:** 

819 NE 193 TERRACE MIAMI, FL 33179

**Current Mailing Address:** 

819 NE 193 TERRACE MIAMI, FL 33179 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KANAREK, ENRIQUE 819 NE 193 TERRACE MIAMI, FL 33179 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 AMBR Title MGR

NameKANAREK, JONATHAN J 1%NameKANAREK, ENRIQUEAddress819 NE 193 TERRACEAddress819 NE 193 TERRACE

City-State-Zip: MIAMI FL 33179 City-State-Zip: MIAMI FL 33179

Title AMBR

Name LAZARO KANAREK ARAKANCHI,

TRUSEE U/A/D 12/11/2018

Address 819 NE 193 TERRACE

City-State-Zip: MIAMI FL 33179

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: ENRIQUE KANAREK

**MANAGER** 

03/11/2019

FILED Mar 11, 2019

**Secretary of State** 

4641089325CC

Electronic Signature of Signing Authorized Person(s) Detail

Date