

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000114644

Entity Name: 9936 NW 41ST UNIT 19, LLC

Current Principal Place of Business:

3554 ESTEPONA AVE.
DORAL, FL 33178

Current Mailing Address:

3554 ESTEPONA AVE.
DORAL, FL 33178 US

FEI Number: 47-4512589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMENTEROS, MARTA
3554 ESTEPONA AVE.
DORAL, FL 33178 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	AUTHORIZED MEMBER	Title	MANAGER
Name	ARMENTEROS, MARTA	Name	CUPELLO, CAROLINA
Address	3554 ESTEPONA AVE.	Address	3554 ESTEPONA AVE.
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	MANAGER	Title	MANAGER
Name	CUPELLO, ENRIQUE	Name	CUPELLO, VERONICA
Address	3554 ESTEPONA AVE.	Address	3554 ESTEPONA AVE.
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	MANAGER	Title	MANAGER
Name	CUPELLO, MARTA	Name	CUPELLO, FRANCISCO
Address	3554 ESTEPONA AVE.	Address	3554 ESTEPONA AVE.
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

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: MARTA ARMENTEROS

AUTHORIZED MEMBER

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date