

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000153066

Entity Name: 6328 WH AT DORAL LLC

Current Principal Place of Business:

6328 NW 97 AVE
DORAL, FL 33178

Current Mailing Address:

6328 NW 97 AVE
DORAL, FL 33178 US

FEI Number: 30-0883156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASANAS, FLOR M MRS
6328 NW 97 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 MANAGER
Name CASANAS, FLOR M
Address 6328 NW 97 AVE
City-State-Zip: DORAL FL 33178

Title MANAGER
Name CASANAS, PAULO A
Address 6328 NW 97 AVE
City-State-Zip: DORAL FL 33178

Title MANAGER
Name CASANAS, ORIANNA A.
Address 6328 NW 97 AVE
City-State-Zip: DORAL FL 33178

Title MANAGER
Name CASANAS, ANDRES E.
Address 6328 NW 97 AVE
City-State-Zip: DORAL FL 33178

Title MANAGER
Name CASANAS, FLOR A.
Address 6328 NW 97 AVE
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: FLOR M. CASANAS

MANAGER

03/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date