

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000178526

**Entity Name:** RESERVE 10899 NW LLC

**Current Principal Place of Business:**

6165 NW 114 CT  
112  
DORAL, FL 33178

**Current Mailing Address:**

6165 NW 114 CT  
112  
DORAL, FL 33178 US

**FEI Number:** 47-5383963

**Certificate of Status Desired:** No

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

MARTINEZ, OSVALDO  
782 NW 42 AVE  
433  
MIAMI, FL 33126 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 GARCIA, PAULINO ANDREU  
Address 6165 NW 114 CT APT 112  
City-State-Zip: DORAL FL 33178

Title MGR  
Name MAZA VILLALOBOS, CRUZ  
MERCEDES  
Address 6165 NW 114 CT APT 112  
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:** GARCIA , PAULINO ANDREU

**MANAGER**

**04/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date