2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 02, 2019
Secretary of State
4674798451CC

DOCUMENT# L15000195017

Entity Name: 110 SW 27 AVENUE LLC

Current Principal Place of Business:

C/O MAX A. LOPEZ, ESQ.
95 MERRICK WAY THIRD FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

C/O MAX A. LOPEZ, ESQ.
95 MERRICK WAY THIRD FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 81-4167827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, MAX ANDRES ESQ.
95 MERRICK WAY
THIRD FLOOR
CORAL GABLES, FL 33134 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: MAX A. LOPEZ 03/02/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MBR	Title	MBR
Name	LOPEZ, MAXIMINO O	Name	LOPEZ, SUSAN E
Address	C/O MAX A. LOPEZ, ESQ. 95 MERRICK WAY THIRD FLOOR	Address	C/O MAX A. LOPEZ, ESQ. 95 MERRICK WAY THIRD FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	AMBR	Title	AMBR
Name	LOPEZ, CRISTOBAL M	Name	LOPEZ, MAX ANDRES
Address	C/O MAX A. LOPEZ, ESQ. 95 MERRICK WAY THIRD FLOOR	Address	C/O MAX A. LOPEZ, ESQ. 95 MERRICK WAY THIRD FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: MAX LOPEZ AMBR 03/02/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date