

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000195409

**Entity Name:** 1929 NW, LLC

**Current Principal Place of Business:**

5760 SW 8 STREET  
SUITE 500  
MIAMI, FL 33144

**Current Mailing Address:**

POST OFFICE BOX 14-4389  
CORAL GABLES, FL 33114 US

**FEI Number:** 47-5649900

**Certificate of Status Desired:** No

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

NICOLAS FERNANDEZ, P.A.  
5760 SW 8 STREET  
SUITE 500  
MIAMI, FL 33144 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            ALVAREZ, CESAR  
Address        POST OFFICE BOX 14 - 4389  
City-State-Zip: CORAL GABLES FL 33114

Title            MGR  
Name            ALVAREZ, CESAR A  
Address        POST OFFICE BOX 144389  
City-State-Zip: CORAL GABLES FL 33114

*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:** CESAR ALVAREZ

**MGR**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date