

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000008428

**Entity Name:** NW 29TH, LLC.

**Current Principal Place of Business:**

5760 SW 8 ST STE 500  
MIAMI, FL 33144

**Current Mailing Address:**

PO BOX 144389  
CORAL GABLES, FL 33114

**FEI Number:** 81-1126551

**Certificate of Status Desired:** No

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

ESQUIRE CORPORATE SERVICES, INC.  
5760 SW 8 ST STE 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	Title	MGR
Name	ALVAREZ, CESAR	Name	ALVAREZ, CESAR A
Address	PO BOX 144389	Address	PO BOX 144389
City-State-Zip:	CORAL GABLES FL 33114	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**

**04/10/2018**

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

\_\_\_\_\_  
Date