

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114481

**Entity Name:** FLREALINVEST LLC

**Current Principal Place of Business:**

7801 NW 37 ST STE UY157X13920N  
MIAMI, FL 33195

**Current Mailing Address:**

7801 NW 37 ST STE UY157X13920N  
MIAMI, FL 33195 US

**FEI Number: 81-2964084**

**Certificate of Status Desired: No**

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

ACCOUNTANT & MANAGEMENT INC.  
1549 NE 123RD ST  
NORTH MIAMI, FL 33161 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 AMBR  
Name RAMOS GARCIA, RUBEN A  
Address 7801 NW 37 ST STE UY157X13920N  
City-State-Zip: MIAMI FL 33195

Title MGR  
Name RAMOS ARIM, PABLO A  
Address 7801 NW 37 ST STE UY157X13920N  
City-State-Zip: MIAMI FL 33195

Title AMBR  
Name RAMOS ARIM, JOAQUIN  
Address 7801 NW 37 ST STE UY157X13920N  
City-State-Zip: MIAMI FL 33195

*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: RUBEN A RAMOS GARCIA**

**AMBR**

**03/21/2017**

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

\_\_\_\_\_  
Date