Current Mai	iling Address:			
2003 VISION				
PALM BEAC	CH GARDENS, FL 33418 US			
FEI Number: 81-4414677			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
VILA, JOSE 2003 VISION D PALM BEACH	R GARDENS, FL 33418 US			
2003 VISION D PALM BEACH		g its registered office or regis	tered agent, or both, in the State of Florid	а.
2003 VISION D PALM BEACH	GARDENS, FL 33418 US d entity submits this statement for the purpose of changin	g its registered office or regist	tered agent, or both, in the State of Florid	а.
2003 VISION D PALM BEACH The above name	GARDENS, FL 33418 US d entity submits this statement for the purpose of changin	g its registered office or regis	tered agent, or both, in the State of Florid	
2003 VISION D PALM BEACH The above name SIGNATURE	GARDENS, FL 33418 US d entity submits this statement for the purpose of changin :	g its registered office or regis	tered agent, or both, in the State of Florid	
2003 VISION D PALM BEACH The above name SIGNATURE	GARDENS, FL 33418 US d entity submits this statement for the purpose of changin : Electronic Signature of Registered Agent	g its registered office or regist	tered agent, or both, in the State of Florid	
2003 VISION D PALM BEACH The above name SIGNATURE Authorized	GARDENS, FL 33418 US d entity submits this statement for the purpose of changin : Electronic Signature of Registered Agent Person(s) Detail :			
2003 VISION D PALM BEACH The above name SIGNATURE Authorized Title	GARDENS, FL 33418 US d entity submits this statement for the purpose of changin E: Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	a. Date

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000206836

PALM BEACH GARDENS, FL 33418

2003 VISION DR

Entity Name: JOSE MIGUEL VILA LLC

**Current Principal Place of Business:** 

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: ORLINDA ESPINOSA

Electronic Signature of Signing Authorized Person(s) Detail

03/25/2018

Date

MGR