

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000212080

**Entity Name:** MMPBISCAYNE LLC

**Current Principal Place of Business:**

14931 N SAXON CIRCLE  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

14931 N SAXON CIRCLE  
SOUTHWEST RANCHES, FL 33331 US

**FEI Number: 81-4515800**

**Certificate of Status Desired: No**

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

LLANO, MARIA M  
14931 N SAXON CIRCLE  
SOUTHWEST RANCHES, FL 33331 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            | BARBOSA, PATRICIO          | Name            | LLANO, MARIA M             |
| Address         | 14931 N SAXON CIRCLE       | Address         | 14931 N SAXON CIRCLE       |
| City-State-Zip: | SOUTHWEST RANCHES FL 33331 | City-State-Zip: | SOUTHWEST RANCHES FL 33331 |

*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: PATRICIO BARBOSA**

**03/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date