

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000022197

**Entity Name:** AUGUSTO MEDINA & ASSOCIATES LLC

**Current Principal Place of Business:**

3929 HERON RIDGE LN  
WESTON, FL 33331

**Current Mailing Address:**

3929 HERON RIDGE LN  
WESTON, FL 33331

**FEI Number: 82-0905897**

**Certificate of Status Desired: No**

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

MEDINA, AUGUSTO C  
3929 HERON RIDGE LN  
WESTON, 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	AMBR	Title	AMRR
Name	MEDINA, AUGUSTO C	Name	MEDINA, MARIA H
Address	3929 HERON RIDGE LANE	Address	3929 HERON RIDGE LANE
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON 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: AUGUSTO MEDINA**

**DIRECTOR**

**01/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date