

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000093065

Entity Name: 325 NW 16 ST, LLC**Current Principal Place of Business:**19200 S.W. 304 ST.
HOMESTEAD, FL 33030**Current Mailing Address:**19200 S.W. 304 ST.
HOMESTEAD, FL 33030 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TALARICO, CARMEN
19200 S.W. 304 ST.
HOMESTEAD, FL 33030 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 TALARICO, CARMEN
Address 19200 S.W. 304 ST.
City-State-Zip: HOMESTEAD FL 33030

Title MGR
Name TALARICO, CARMEN
Address 19200 S.W. 304 ST.
City-State-Zip: HOMESTEAD FL 33030

Title AMBR
Name TALARICO, MICHELE
Address 19200 S.W. 304 ST.
City-State-Zip: HOMESTEAD FL 33030

Title MGR
Name TALARICO, MICHELE
Address 19200 S.W. 304 ST.
City-State-Zip: HOMESTEAD FL 33030

Title MGR
Name OWENS, BRITTANY
Address 19200 S.W. 304 ST.
City-State-Zip: HOMESTEAD FL 33030

Title MGR
Name TALARICO, CARMINE GUILLEN
Address 19200 S.W. 304 ST.
City-State-Zip: HOMESTEAD FL 33030

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: MICHELE TALARICO

AMBR

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date