

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000102503

Entity Name: SPGA LLC**Current Principal Place of Business:**20900 NE 30TH AVE.
SUITE 503
AVENTURA, FL 33180**Current Mailing Address:**20900 NE 30TH AVE.
SUITE 503
AVENTURA, FL 33180 US**FEI Number:** 82-1515525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BENCHIMOL, CARLOS
20900 NE 30TH AVENUE
SUITE 503
AVENTURA, FL 33180 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	BENCHIMOL, CARLOS
Address	20900 NE 30TH AVE. SUITE 503
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	HOLDER, ALEJANDRO
Address	20900 NE 30TH AVE. SUITE 503
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	BENCHIMOL, LEON
Address	20900 NE 30TH AVENUE SUITE 503
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	CLASS 2013 LLC
Address	19495 BISCAYNE BLVD SUITE 608
City-State-Zip:	AVENTURA FL 33180

Title	AMBR
Name	BENCHIMOL, EDUARDO
Address	20900 NE 30TH AVENUE SUITE 503
City-State-Zip:	AVENTURA FL 33180

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: CARLOS BENCHIMOL**DIRECTOR****02/02/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date