

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000119580

**Entity Name:** MULTI TRUST I OPERATION VI LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-1736347

**Certificate of Status Desired:** No

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

AVALON INCORPORATORS LLC  
201 ALHAMBRA CIRCLE  
SUITE 600  
CORAL GABLES, FL 33134 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:** PALACIOS, CHARNEY

04/24/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AVALON INCORPORATORS LLC  
Address 201 ALHAMBRA CIRCLE  
SUITE 600  
City-State-Zip: CORAL GABLES FL 33134

*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:** PALACIOS, CHARNEY

REGISTERED AGENT

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date