

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000120416

**Entity Name:** 7500 NW 25 ST SUITE 9 LLC

**Current Principal Place of Business:**

7500 NW 25TH STREET  
SUITE 9  
MIAMI, FL 33122

**Current Mailing Address:**

7500 NW 25TH STREET  
SUITE 9  
MIAMI, FL 33122 FL

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BICERNE, EDUARDO  
1204 CEDAR FALLS DR  
WESTON, FL 33327 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                   |
| Name            | BICERNE, EDUARDO      |
| Address         | 1204 CEDAR FALLS DR   |
| City-State-Zip: | WESTON FL 33327       |
|                 |                       |
| Title           | MGR                   |
| Name            | DOCAMPO, MARIA RAQUEL |
| Address         | 2483 PROVENCE CIRCLE  |
| City-State-Zip: | WESTON FL 33327       |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | FREITAG, FEDERICO       |
| Address         | 2483 PROVENCE CIRCLE    |
| City-State-Zip: | WESTON FL 33327         |
|                 |                         |
| Title           | MGR                     |
| Name            | TESOURO, GUILLERMO      |
| Address         | 1941 HARBOR VIEW CIRCLE |
| City-State-Zip: | WESTON FL 33327         |

*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:** EDUARDO BICERNE

**MANAGER**

**02/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date