

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000172973

**Entity Name:** OCTO APARTMENTS, LLC

**Current Principal Place of Business:**

6031 SW 85 STREET  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

6031 SW 85 STREET  
SOUTH MIAMI, FL 33143 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BYRNE, THOMAS E MR.  
6031 SW 85 STREET  
SOUTH MIAMI, FL 33143 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 BYRNE, THOMAS E  
Address 6031 SW 85 STREET  
SUITE 950  
City-State-Zip: SOUTH MIAMI FL 33143

Title MRG  
Name BROWN, PAMELA A  
Address 10620 SW 83 CT  
City-State-Zip: MIAMI FL 33156

Title AR  
Name BYRNE, VALAREE M  
Address 6031 SW 85 ST  
City-State-Zip: SOUTH MIAMI FL 33143

Title AR  
Name BROWN, BILL D  
Address 10620 SW 83 CT  
City-State-Zip: MIAMI FL 33156

*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:** THOMAS E. BYRNE

MANAGING PT

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date