

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000219114

**Entity Name:** MIRIAM CONDE LLC

**Current Principal Place of Business:**

5820 N. CHURCH AVE., UNIT 257  
TAMPA, FL 33614

**Current Mailing Address:**

5820 N. CHURCH AVE., UNIT 257  
TAMPA, FL 33614 US

**FEI Number:** 82-3178612

**Certificate of Status Desired:** No

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

SNYDER, MIRIAM C  
5820 N. CHURCH AVE., UNIT 257  
TAMPA, FL 33614 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	Title	MGR
Name	SNYDER, MIRIAM C	Name	SNYDER, GRADY C
Address	5820 N. CHURCH AVE., UNIT 257	Address	5820 N. CHURCH AVE., UNIT 257
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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:** MIRIAM SNYDER

AMBR

03/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date