

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000242829

**FILED  
Mar 13, 2019  
Secretary of State  
9605852360CC**

**Entity Name:** 13851 TREELINE AVENUE LLC

**Current Principal Place of Business:**

5035 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156

**Current Mailing Address:**

5035 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156 US

**FEI Number: 82-4055978**

**Certificate of Status Desired: No**

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

LOSCIALE, ALESSANDRA VALENTINA  
5035 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156 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 BLUMENTALS, CARLOS LOSCIALE  
Address 300 ISLAND DR  
City-State-Zip: KEY BISCAYNE FL 33149

Title MANAGER  
Name LOSCIALE, ALESSANDRA VALENTINA  
Address 5035 HAMMOCK LAKE DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title MANAGER  
Name LAURA, LOSCIALE Z  
Address 8930 SCHOOLHOUSE RD  
City-State-Zip: CORAL GABLES 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: ALESSANDRA LOSCIALE**

**MANAGER**

**03/13/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date