

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000010536

Entity Name: HORNS MANAGEMENT LLC**Current Principal Place of Business:**2990 N.W. 24 STREET
MIAMI, FL 33142**Current Mailing Address:**2990 N.W. 24 STREET
MIAMI, FL 33142**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORES, ODALYS
2990 N.W. 24 STREET
MIAMI, FL 33142 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	FLORES, ODALYS
Address	2990 N.W. 24 STREET
City-State-Zip:	MIAMI FL 33142

Title	AMBR
Name	FLORES, ANIURKA
Address	2990 N.W. 24 STREET
City-State-Zip:	MIAMI FL 33142

Title	AMBR
Name	FLORES, ORESTES JR
Address	2990 N.W. 24 STREET
City-State-Zip:	MIAMI FL 33142

Title	MGR
Name	FLORES, JUAN A
Address	2990 NW 24 STREET
City-State-Zip:	MIAMI FL 33142

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: ODALYS FLORES**MANAGER****05/01/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date